Strategic Plan
2023-2026

SAMHSA
Substance Abuse and Mental Health Services Administration

Strategic Plan

Fiscal Year 2023–2026

Substance Abuse and Mental Health Services Administration

National Mental Health and Substance Use Policy Laboratory

Strategic Plan: Fiscal Year 2023-2026

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Message from the Assistant Secretary for Mental Health and Substance Use, U.S. Department of Health and Human Services

As the Assistant Secretary for Mental Health and Substance Use in the United States Department of Health and Human Services (HHS) and the leader of the Substance Abuse and Mental Health Services Administration (SAMHSA), I am pleased to present our 2023-2026 Strategic Plan.

This four-year plan emphasizes a more person-centered approach and introduces a new mission and vision, key guiding principles, and priorities. It will serve as a roadmap to improve and advance public health and service delivery efforts that promote mental health, prevent substance misuse and overdose, and provide treatments and supports to foster recovery while also ensuring equitable access and better outcomes.

In order to achieve our mission, we have identified five priority areas to better meet the behavioral health care needs of the nation. The priorities include: 1) Preventing Substance Use and Overdose; 2) Enhancing Access to Suicide Prevention and Mental Health Services; 3) Promoting Resilience and Emotional Health for Children, Youth, and Families; 4) Integrating Behavioral and Physical Health Care; and 5) Strengthening the Behavioral Health Workforce. Our work is also guided by four key principles that are infused throughout the Agency's programs and policies: Equity; Trauma Informed Approaches; Recovery; and Commitment to Data and Evidence.

The Strategic Plan is driven by initiatives elevated by the White House, Congress, and HHS, such as the Unity Agenda, the Bipartisan Safer Communities Act, and the HHS Strategic Plan. It is our intent that our plan unite these efforts by facilitating actions to help fully integrate behavioral health services and supports within all health care programs and systems; develop a well-trained, diverse, and culturally competent workforce; reduce incidence, prevalence, and mortality related to substance use, overdose, mental illness, and suicide; and provide resources needed to develop, support, promote, and sustain resilience in children, youth, and families.

In crafting this new Strategic Plan, it was essential to connect with the public to ensure our ideas and approaches are in line with what people are experiencing in real life as well as in the behavioral health field. We received numerous comments, and I am pleased to say that public input was influential in shaping our thinking.

Furthermore, without our federal, state, tribal and local partners, as well as our many other stakeholders, SAMHSA cannot accomplish our goals and objectives. We hope this Strategic Plan informs and guides your planning as you work to develop and implement programs and policies that ensure people living with, affected by, or at risk for mental health and substance use conditions receive care, achieve well-being, and thrive.

Miriam E. Delphin-Rittmon, PhD
Assistant Secretary for Mental Health and Substance Use
U.S. Department of Health and Human Services

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Introduction

The United States faces unprecedented mental health and substance use crises among people of all ages and backgrounds. Two out of five adults have symptoms of anxiety or depression, and under-served communities are disproportionately impacted.[1] Even before the COVID-19 pandemic, rates of depression and anxiety were increasing.[1] The grief, trauma, and physical and social isolation related to the COVID-19 pandemic have exacerbated these issues for many.[2] Among adults aged 18 or older in 2021, nearly 58 million people had any mental illness and 14 million people had a serious mental illness in the past year. Drug overdose deaths have reached a historic high, devastating individuals, families, and communities. More than 107,600 people in the United States died due to an overdose in 2021, and over 46 million people met the diagnostic criteria for a substance use disorder (SUD) in the past year.[3,4]

Despite these tragic numbers, many people are moving toward and achieving recovery. The most recent National Survey on Drug Use and Health (NSDUH) tells a more encouraging story: nearly 21 million adults who perceived they ever had a substance use problem and nearly 39 million who perceived they ever had a problem with their mental health considered themselves in recovery or recovered.[3]

Behavioral health issues are challenging and complex and require multifaceted efforts. As part of a comprehensive and nation-wide approach, in 2022 President Biden announced the Unity Agenda, which highlights mental health and the overdose crisis as two of four key pillars.[2] The Substance Abuse and Mental Health Services Administration (SAMHSA) actively works to advance this agenda by strengthening system capacity, connecting more people to care, and creating a continuum of holistic and equitable behavioral health supports aimed to transform our health and social services infrastructure, including for historically under-served communities and populations. With this in mind, SAMHSA developed a new, four-year strategic plan to reflect these priorities.

The 2023–2026 SAMHSA Strategic Plan presents a new person-centered mission and vision highlighting key guiding principles and presenting new priorities, goals, and objectives. This Plan aligns with various initiatives and goals of the Administration, Congress, and the U.S. Department of Health and Human Services (HHS).

Strategic Framework

This is a significant time in history. Federal, state, and territory governments; tribes and tribal organizations; communities; families; providers; and people with lived experience are coming together to address the mental health and substance use crises. Agency leadership and staff; traumatic events such as school shootings; natural disasters such as hurricanes, tornadoes, and wildfires; and the innovative ideas and suggestions communicated by our many stakeholders informed this Strategic Plan.

Mission

SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

Vision

SAMHSA envisions that people with, affected by, or at risk for mental health and substance use conditions receive care, achieve well-being, and thrive.

Priorities and Guiding Principles

The Strategic Plan keeps the continuum of mental health and substance use services and supports at its core and emphasizes four overarching guiding principles across all policies and programs to support SAMHSA in achieving its mission and vision. These include equity, trauma-informed approaches, a commitment to data and evidence, and recovery.

The priorities and their corresponding goals and objectives focus on five key areas, described in detail further in this document:

Figure 1. Strategic Plan Priorities and Guiding Principles

Purpose

The 2023–2026 SAMHSA Strategic Plan supports the numerous initiatives and goals of the Administration, Congress, and HHS that prioritize behavioral health. Specifically, the President's Unity Agenda identifies mental health as essential to overall health, and executive orders such as Executive Order 13985 highlight the importance of advancing racial equity and support for under-served communities.[5,6] The 2022 National Drug Control Strategy underscores the damaging consequences of the drug overdose epidemic and the urgent need for substance use prevention and early intervention, harm reduction, treatment, and recovery support for all who need it.[7]

In concert, HHS released its 2022–2026 Strategic Plan, which calls for protecting and strengthening equitable access to high-quality and affordable health care as well as improving social well-being, equity, and economic resilience.[8] HHS published a Health Workforce Strategic Plan, which discusses enhancing care quality through professional development, collaboration, and evidence-based and evidence-informed practices and encourages the use of data to strengthen the health workforce.[9] The Surgeon General developed an Advisory on Protecting Youth Mental Health, which emphasizes the role family, communities, policymakers, media, young people, and others play in increasing resiliency and supporting children and youth.[10] SAMHSA also advances the National Tribal Behavioral Health Agenda (TBHA) with tribes and the federal government, to improve behavioral health and contribute to the well-being of American Indians and Alaska Native

people. The TBHA is a blueprint to strengthen policies and programs, align disparate resources, and facilitate collaboration.[11]

Further illustrating behavioral health as a top priority for the nation, Congress passed the Bipartisan Safer Communities Act, which, among other directives, includes meaningful investments in school-based mental health services and additional support for the 988 Suicide & Crisis Lifeline.[12] SAMHSA received extensive and thoughtful feedback from stakeholders calling for action to improve well-being by heightening the importance of behavioral health integration and focusing on trauma-informed, recovery-oriented, and person-centered care.

SAMHSA received a total of $7.5 billion in the Consolidated Appropriations Act, 2023.[13] This is almost $1 billion over SAMHSA's Fiscal Year 2022 level. This law reauthorized key SAMHSA programs at increased funding levels and created new programs to improve availability of recovery and peer supports. It contains provisions to improve access to integrated care, increase the behavioral health workforce, and increase access to medications for opioid use disorder by removing the DATA 2000 waiver.[13]

These federal efforts share similar themes and objectives. SAMHSA intends for the 2023–2026 Strategic Plan to unite these undertakings by facilitating actions to help fully integrate behavioral health services and supports within all healthcare programs and systems; develop a well-trained, diverse, and culturally competent workforce; reduce incidence, prevalence, and mortality related to overdose and suicide; and provide the resources needed to develop, support, promote, and sustain resilience in children, youth, and families (see Figure 1).

Guiding Principles

The 2023–2026 Strategic Plan integrates four overarching guiding principles across all policies and programs to support SAMHSA in achieving its mission and vision.

Equity

Under-served/historically marginalized populations: Black, Latino, Hispanic, and Indigenous and Native American persons; Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.[14]

Behavioral health equity is the right to access high-quality and affordable healthcare services and supports for all populations. Executive Order 13985 defines "equity" as the consistent and systematic, fair, just, and impartial treatment of all individuals, including those who belong to under-served communities that have been denied such treatment.[6]

As population demographics evolve, behavioral healthcare systems must expand their ability to effectively meet the growing needs of a diverse population. Improving access to care, promoting quality programs and practice, and reducing persistent disparities in mental health and substance use services for under-served and historically marginalized populations and communities are important first steps to ensuring that all people are provided with fair opportunities to be as healthy as possible.

For some populations, this is an ongoing challenge. The 2021 NSDUH survey reports that White people were more likely than Hispanic, Latino, or Asian people to have received substance use treatment at a specialty facility in the past year. Similarly, White and Multiracial adults were more likely to receive mental health services in the past year than Black, Hispanic, Latino, or Asian American adults.[3] American Indian/Alaska Native adults were more likely than White, Black, Hispanic, or Asian adults to have both any mental illness and a SUD.[3] Lesbian, Gay, and Bisexual (LGB) adults were more than twice as likely than heterosexual individuals (49.7 percent for LGB vs. 20.2 percent for heterosexual) to have used an illicit substance in the past year.[3] This has important implications for how behavioral health systems effectively outreach, engage, and retain these diverse groups in care. In conjunction with promoting access to high-quality services, behavioral health disparities can be mitigated by addressing social determinants of health (SDOH), such as social injustice and racial exclusion, unemployment, level of education, lack of access to transportation, food insecurity, housing instability, and exposure to trauma.[14]

Reducing the impact of SDOH in conjunction with promoting adherence to the National Culturally and Linguistically Appropriate Services Standards are important steps SAMHSA takes to reduce disparities.[15] Unfortunately, language accessibility and assistance are often overlooked despite the fact that they are fundamental to engagement in treatment, quality of care, and the customer experience.[16] For communities and populations where English is not the primary spoken language, provision of language assistance is not only a civil right regarding health care, but a necessary component of equitable care.[16]

Trauma-Informed Approaches

Trauma-informed approaches recognize and intentionally respond to the lasting adverse effects of traumatic experiences, while promoting linkages to recovery and resilience for impacted individuals and families. Not only is trauma a widespread and costly public health problem that may occur from experiencing emotionally harmful events such as violence, abuse, neglect, or natural disasters, for those with mental health and substance use conditions trauma is an almost universal experience.[17]

Trauma negatively impacts both mental and physical health. These adverse effects may have both short-term and long-term consequences.[18,19,20,21,22] Many people who experience trauma may overcome it, becoming stronger and more resilient; but for others, traumatic experiences can be overwhelming and disruptive to their daily lives.[17]

Whole communities can be profoundly shaped by traumatic experiences.[17] This can occur through a significant event such as a mass violence event. For many marginalized populations, experiences of historical and intergenerational trauma and daily experiences of interpersonal and structural racism and discrimination can significantly impact individual and community well-being.[17]

A trauma-informed approach is defined by six key principles:

1. **Safety:** participants and staff feel physically and psychologically safe.
2. **Peer support:** peer support and mutual self-help are vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing lived experience.
3. **Trustworthiness and transparency:** decisions are conducted with the goal of building and maintaining trust.
4. **Collaboration and mutuality:** importance is placed on partnering and leveling power differences.
5. **Cultural, historical, and gender issues:** cultural and gender-responsive services are offered while moving beyond stereotypes/biases.
6. **Empowerment, voice, and choice:** organizations foster a belief in the primacy of the people who are served to heal and promote recovery from trauma.[17]

Recovery

SAMHSA defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.[23] This definition is realized through four major dimensions:

1. **Health:** overcoming or managing one's disease(s) or symptoms, and making informed, healthy choices that support physical and emotional well-being.
2. **Home:** having a stable and safe place to live.
3. **Purpose:** conducting meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.
4. **Community:** having relationships and social networks that provide support, friendship, love, and hope.[23]

Recovery promotes the expectation that all individuals, including those with SUDs and mental illnesses, can thrive. Recovery is more than abstinence or symptom remission, rather it is based on the goal and expectation of living well and thriving. SAMHSA not only envisions individuals achieving recovery, but also supports developing and sustaining recovery-oriented systems of care and creating recovery-facilitating environments. We intend that when anyone with a behavioral health condition seeks help, they are met with

the knowledge and belief that they can recover and/or manage their conditions successfully. SAMHSA recognizes that recovery considers cultural and community expectations and is understood and embraced differently across diverse populations.

SAMHSA instrumentally advances recovery support systems to promote partnering with people in recovery and their family members to guide the behavioral health system. This includes promoting individual, program, and system-level approaches that foster health and resilience; increasing housing to support recovery; reducing barriers to employment, education, and other life goals; and securing necessary social supports in their chosen community.

Commitment to Data and Evidence

Timely, high-quality data help public health officials, policymakers, community practitioners, and the public to understand mental health and substance use trends and how they evolve; inform the development and implementation of targeted evidence-based interventions; focus resources where needed most; and evaluate programs and policy success. SAMHSA aims to decrease burden on stakeholders while expanding and improving data collection, analysis, evaluation, and dissemination. To achieve this objective, we are streamlining and modernizing data collection efforts and coordinating cross-agency evaluation to ensure data-driven funding and policies. SAMHSA uses rigorous evaluation and analytical processes in alignment with the Foundations for Evidence-Based Policymaking Act of 2018.[24]

SAMHSA leverages data and evidence to strengthen activities around our guiding principles and the five priority areas and inform agency policies and programs. Using robust methods to collect, analyze, and report valid, reliable, trustworthy, and protected data is key to improving and impacting behavioral health treatment, prevention, and recovery for communities most in need. By using rigorous methods and improving the quality and completeness of program data, data can be disaggregated across different population groups to assess disparities within the behavioral healthcare system.

Priorities

The following sections describe SAMHSA's priorities, strategic goals, and related objectives. Each section discusses the key approaches, mechanisms, and strategies SAMHSA intends to engage in to deliver measurable results in advancing its mission and vision.

Preventing Substance Use and Overdose

The isolation, anxiety, and reduced access to resources experienced by so many during the COVID-19 pandemic exacerbated the overdose epidemic and contributed to a sharp rise in related deaths.[2] In response, the U.S. Department of Health and Human Services (HHS) released an Overdose Prevention Strategy (OPS) in October 2021, outlining four pillars: Primary Prevention, Harm Reduction, Evidence-Based Treatment, and Recovery Support (see Figure 2).[25] The OPS aims to maximize health equity using the best available data and evidence to inform policy and actions, integrating substance use disorder (SUD) treatment services into other types of health care and social services, and reducing stigma.[25] The Substance Abuse and Mental Health Services Administration (SAMHSA) commits to creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, early substance use initiation, substance misuse, SUDs, overdose, and suicide.

Figure 2. HHS Overdose Prevention Strategy Substance Use Continuum

Primary prevention focuses on intervening before a disease or condition occurs. High-value benefits derived from primary prevention span multiple sectors, including health care, public safety, the criminal justice system, and beyond—both broadly speaking and within marginalized communities. Working to prevent higher-risk behaviors and disease from happening in the first place has many benefits, including financial benefits, prevention of unnecessary human suffering, and reduced negative societal impacts.[26,27] Estimates

approximate a tenfold return on investments made in evidence-based substance use prevention programs and activities.[27]

People from under-served communities face particularly complex challenges with substance use and misuse; however, these communities also have strengths and protective factors such as faith-based organizations, civic associations, community-based organizations, and other natural supports that can work in conjunction with evidence-based practices to support people facing substance use issues.[23] Addressing substance use, misuse, and SUDs among under-served racial, ethnic, and Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI+) populations includes (1) incorporating culturally and linguistically effective policies, programs, practices, and engagement strategies; (2) being community-centered; (3) offering comprehensive services that address participants' substance use and misuse, SUD(s), health care, and social needs; and (4) using culturally appropriate harm reduction and healing-centered approaches to care and recovery.[23]

For individuals who may have a SUD or need more intensive services, SAMHSA supports a range of more targeted mitigation services, including harm reduction approaches such as distribution of naloxone and fentanyl test strips to those at high risk for overdose. SAMHSA's treatment and recovery support programs, such as the State Opioid Response, Tribal Opioid Response, and Building Communities of Recovery grants, include a range of evidence-based services. These services link people with SUDs and those who have experienced an overdose to low-barrier access to medication and non-pharmacologic treatment options and peer support and recovery services to reduce repeat overdoses. Together, these efforts meet people wherever they are on the behavioral health continuum, through targeted services and supports that are culturally appropriate and driven by public health data.

Goal 1. To reduce and prevent substance use and misuse, SAMHSA will support efforts to strengthen prevention programs, policies, and practices.

Primary prevention appropriately underscores a need for earlier and broader work to benefit all of SAMHSA's priorities. Central to a comprehensive prevention system are (1) environmental strategies for capacity building via steady economic investments; (2) strategic focus on increasing protective factors across the lifespan in order to mitigate risks to individual- and population-level well-being and resilience; (3) support for communication across the prevention system to raise public awareness about substance use and misuse and build support for prevention programming; (4) investments in evidence-based and/or evidence-informed programming and technical assistance (e.g., workforce development and tool accessibility) to ensure broad implementation of culturally appropriate policies, programs, and practices; and (5) strong community relationships and engagement that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes. SAMHSA's contributions to these efforts begin upstream with primary prevention policies, programs, and practices that

address individual and population health and involve state, territorial, tribal, and community sectors.

Preventing Substance Use and Overdose Goal 1 Example Programs

The SAMHSA-funded **Prevention Technology Transfer Center (PTTC) Network** develops and strengthens the specialized behavioral healthcare and primary healthcare workforce that provides prevention services for SUDs and mental illness. It also improves implementation and delivery of effective substance use prevention interventions and provides training and technical assistance services to the prevention field.

The **Strategic Prevention Framework-Partnerships for Success Program** is designed to help state, territorial, tribal, and community organizations reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of prevention services. The program extends established cross-agency and community-level partnerships by connecting prevention programming to departments of social services and their community service providers. This includes working with populations disproportionately impacted by the consequences of substance misuse (e.g., children entering the foster care system and transitional aged youth) and individuals who support persons with substance misuse issues (e.g., women, families, parents, caregivers, and young adults).

The **Grants for the Benefit of Homeless Individuals** program supports the development and/or expansion of local implementation of a community infrastructure that integrates treatment and recovery support services for SUDs or co-occurring disorders, permanent housing, and other critical services for individuals (including youth) and families experiencing homelessness.

Objective 1.1. Provide support to states, territories, tribes, and communities for programs and projects that address the prevention and reduction of substance use and misuse.

The healthcare system lacks enough providers and resources to offer quality treatment to everyone in need. However, a broader prevention approach has the capacity to strengthen our nation to reduce treatment demand altogether. Broader and earlier approaches to primary prevention include strengthening social determinants of health (SDOH), supporting healthy social and emotional development, reducing and addressing childhood and other trauma, supporting parents and strengthening families, expanding evidence-based programs in schools, and improving the safety and livability of community environments.

SAMHSA's Strategic Prevention Framework (SPF) is a dynamic, data-driven planning process to support effective primary prevention work starting at the community level. In

general, programs and practices must operate in a variety of community settings and influence local risk and protective factors at both the individual and environmental levels.

The Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant is the cornerstone of the nation's prevention, treatment, and recovery systems. The program provides funds to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, the Northern Mariana Islands, Guam, American Samoa, 3 Pacific jurisdictions, and 1 tribal entity to prevent substance use and misuse and treat SUDs. The SUPTRS Block Grant affords grantees the flexibility to tailor their substance use-related services to meet the needs of their populations. SAMHSA requires that grantees spend no less than 20 percent of their allotment on substance use primary prevention strategies. Grantees must also develop a comprehensive primary prevention program that includes activities and services provided in a variety of settings targeting both the general population and subgroups at high risk for substance use, misuse, and use disorders. Additionally, the program must include, but is not limited to, the following strategies: information dissemination, education, alternatives, and problem identification and referral.

Objective 1.2. Enhance protective factors in preventing or delaying initiation of substance use.

Risk and protective factors are conditions in environments that can significantly impact health and overall well-being.[28] Protective and risk factors are behaviors, experiences, or conditions that either decrease or increase the impact on individual and community health, wellness, and well-being, including an individual's likelihood of consuming substances. Protective factors include social coping and effective problem-solving skills, strong interpersonal relationships, employment, and community supports. Alternatively, risk factors include adverse childhood experiences (ACEs), social pressure, living in communities with negative SDOH, and trauma. ACEs can have lasting, negative effects on health and well-being, including behavioral health. Creating and sustaining safe, stable, nurturing relationships and environments for all children and families can prevent ACEs and help all children reach their full potential. Protective factors can help buffer individuals from influences that make them more inclined to start using or misusing substances.[29,30]

Through grant funding and stakeholder partnerships, SAMHSA will support strengths-based approaches that enhance protective factors. Approaches include enhancing cultural connections, bolstering community-based resources, strengthening family relationships, and offering a variety of afterschool programs.

Objective 1.3. Increase public awareness of negative consequences of substance use and misuse for individuals, families, and communities.

For the past 30 years, SAMHSA has raised public awareness about the effects and harms of substance use and misuse and related consequences on the health, wellness, and well-being of individuals, families, and communities. To meet the unique needs of diverse communities across the nation, SAMHSA utilizes various evidence-based and/or evidence-

informed programs, campaigns, social media platforms, curricula, and trainings to educate the public and the prevention workforce. As a result, individuals, families, and communities receive the knowledge and skills to seek help and/or help others access support services. These public awareness efforts promote community mobilization to improve life trajectories for youth and adults who may be using or misusing substances or may be at risk for, or living with, SUDs. Effective communication to raise awareness relies on alignment of prevention messaging (e.g., "Talk. They Hear You."®) with public health interventions such as policies, programs, and practices.

Objective 1.4. Provide technical assistance and training to communities and organizations interested in establishing and expanding prevention programs seeking to implement evidence-based and/or evidence-informed practices.

SAMHSA provides a range of technical assistance resources and trainings to enable community needs assessments, community improvement plans, logic models, and workplans. The Strategic Prevention Technical Assistance Center assists prevention providers in developing culturally appropriate and evidence-based and evidence-informed substance misuse prevention programs in alignment with the SPF. This work focuses on enhancing data-driven decision making and reducing behavioral health disparities experienced by historically disenfranchised communities.

Through the Prevention Technology Transfer Center (PTTC) Network, SAMHSA provides comprehensive training and technical assistance to the nation's substance use prevention field. The PTTC Network improves implementation and delivery of effective substance use prevention interventions by developing and disseminating tools and strategies needed to improve the quality of substance misuse prevention efforts; providing intensive technical assistance and learning resources to prevention professionals to improve their understanding of prevention science, epidemiological data, and their implementation of evidence-based and promising practices; and developing tools and resources to engage the next generation of prevention professionals.

Goal 2. To prevent overdose deaths in America, SAMHSA will support efforts to transform systems and services that increase access to and utilization of harm reduction approaches and effective treatments.

As the overdose crisis evolves, SAMHSA will engage in an evidence-based approach to saving lives, reducing risk, and removing barriers to effective interventions. With this approach, SAMHSA will promote care and services that respect the health and dignity of people who use drugs. System changes include data-driven performance improvement informed by impacted individuals, families, and communities to achieve outcomes that reduce risk, save lives, and provide equitable pathways to recovery. System transformation will occur within clinical and community-based settings, focusing on priority populations across the lifespan and throughout the continuum of care.

Telehealth is an important modality to expand services and increase equitable access to services. SAMHSA will promote telehealth options through educational offerings, technical assistance, and collaboration with other federal partners such as the Drug Enforcement Administration (DEA) to support and advance telehealth service expansion under their respective authorities. SAMHSA will support revisions to opioid treatment program regulations to lower barriers to accessing and engaging with treatment services.

Preventing Substance Use and Overdose Goal 2 Example Programs

The **Substance Use Prevention, Treatment, and Recovery Services Block Grant** provides funds to states, territories, and tribes to help plan, implement, and evaluate activities that support prevention, treatment, and recovery from SUDs. SAMHSA strongly encourages grantees to use a portion of their funding for recovery support services.

State/Tribal Opioid Response Programs prevent overdose deaths from opioids and stimulants, reduce unmet treatment need, and support recovery for people with, or at risk for, opioid use disorder and/or stimulant use disorders and related conditions. The programs also include a robust technical assistance center.

The **Harm Reduction Program Grant** supports community-based overdose prevention programs, including naloxone distribution, syringe services programs, health and harm reduction education, and linkages to care, including for infectious diseases.

Objective 2.1. Increase utilization of medications for opioid use disorder.

The Food and Drug Administration (FDA) has approved three medications for the treatment of opioid use disorder (MOUD): buprenorphine, methadone, and naltrexone. Available in different formulations, significant evidence supports the effectiveness of these medications in improving outcomes for people with opioid use disorder (OUD).[31] Studies show that methadone and buprenorphine reduce opioid-related mortality by over 50 percent. Treatment that includes MOUD is also associated with significant reductions in human immunodeficiency virus and viral hepatitis disease transmission, and with improvements in recovery-related outcomes such as employment, educational attainment, and quality of life.[32] Despite policy changes seeking to expand access to MOUD, these medications continue to be vastly underutilized.[33,34]

To foster the utilization of MOUD, SAMHSA will partner with other entities in the federal government and externally. This includes implementing policy changes that remove the DATA 2000 waiver (X-waiver) for prescribing buprenorphine for the treatment of OUD and revised regulations for the provision of methadone. Removal of the X-waiver seeks to

reduce barriers to treatment availability by allowing more practitioners to prescribe buprenorphine for OUD.[35] To increase treatment capacity and decrease stigma, SUD management education will be a requirement of all DEA-registered providers as part of usual healthcare practitioner curricula.[35] SAMHSA partners with other stakeholders to expand access to and use of methadone and buprenorphine in correctional settings, addressing stigma of MOUD, and addressing other factors impacting equitable uptake and continued treatment, particularly among populations most affected by the overdose crisis. SAMHSA will require the provision of MOUD wherever possible, including in the Certified Community Behavioral Health Clinics program, which now has nearly 500 sites across 46 states.[36]

Objective 2.2. Increase uptake of evidence-based interventions.

To combat morbidity and mortality related to SUDs, SAMHSA supports several evidence-based interventions like opioid education and naloxone distribution to reverse overdose, and syringe services programs to reduce infectious disease spread.[31] In the absence of pharmacological treatments, behavioral interventions are often employed as mainstays. For example, the lack of effective, FDA-approved pharmacological treatments for stimulant use disorder elevates contingency management as a lifesaving option. Contingency management is an evidence-based intervention to support SUD recovery efforts among adults, in which individuals receive incentives to reinforce desired behaviors.[37] Decades of research demonstrates the effectiveness of contingency management for recovery from various SUDs across racially and socioeconomically diverse populations by producing higher abstinence rates and higher retention in treatment compared to other interventions.[37]

Through grant funded training, technical assistance, and strategic partnerships, SAMHSA promotes non-pharmacological evidence-based interventions, such as overdose education, and contingency management, that are proven to save and improve lives. SAMHSA also supports permissible expenditures in service delivery grants.

Objective 2.3. Achieve universal access to overdose prevention strategies and education competencies.

SAMHSA will support federal, state, territorial, tribal, and community partnerships by promoting universal and focused public education campaigns. These campaigns raise awareness of overdose mitigation strategies such as naloxone and fentanyl test strip distribution/drug checking, stigma reduction, overdose prevention training, and low-barrier treatment.

To address populations at heightened risk for overdose fatality, SAMHSA supports targeted and data-driven public health strategies including pre-arrest diversion and referral to harm reduction programs, naloxone upon release programs, programs that are culturally appropriate for under-served and marginalized populations, post-overdose response programs, and naloxone distribution at treatment programs.

Additionally, SAMHSA collaborates with states, territories, tribes, and communities to achieve naloxone saturation, which is typically considered the amount of naloxone needed to ensure its availability for immediate use in 80 percent of witnessed overdoses.[38] We support harm reduction organizations' access to naloxone and support public health interventions to increase knowledge and capabilities in naloxone distribution. SAMHSA prioritizes training and education that facilitates low-barrier services by promoting partnerships between harm reduction and treatment organizations.

Goal 3. To advance recovery, SAMHSA will support strengths-based approaches to reduce barriers and create more opportunities to thrive.

This goal will impact those at risk for a SUD and/or for an overdose as well as help individuals, families, and communities facilitate greater opportunities for recovery. Primary prevention includes strategies and interventions mainly focused on the general population that aim to delay or prevent substance use, and strategies and interventions that prioritize subgroups at higher risk for substance misuse and overdose to prevent the likelihood of developing a SUD or experiencing an overdose. A strengths-based recovery approach recognizes and cultivates the unique strengths and abilities individuals possess to better cope with and overcome behavioral health challenges.[23] Recovery support services are designed to leverage the assets of individuals, families, and community resources to improve health and well-being.[23]

Preventing Substance Use and Overdose
Goal 3 Example Programs

The **Substance Use Prevention, Treatment, and Recovery Services Block Grant** requires that grantees spend no less than 20 percent of their allotment on primary prevention strategies. While a similar set-aside has yet to be included for recovery support, SAMHSA strongly encourages states to use a portion of their funding for recovery support services.

The **Peer Recovery Center of Excellence** is a peer-led national center that provides training and technical assistance related to SUD recovery.

Objective 3.1. Establish recovery-oriented systems of care as the framework for promoting individual, family, and community health.

A recovery-oriented system of care is a network of community-based services and supports that is person- and family-centered, is culturally appropriate, and builds on the strengths and resiliencies of individuals, families, and communities to achieve improved health, wellness, and quality of life for those with or at risk for behavioral health problems.[23] Community-based services and supports draw on the resources within the

community, including clinical and non-clinical services. This ensures ongoing and seamless connections to individuals for as long as needed. Services are designed to support individuals across the lifespan, understanding that needs and resources change and shift over the course of recovery and time.

To further this objective, SAMHSA will adapt or adopt policies and practices that are informed by the most recent data and reflect scientific advances. This approach directs resources and technical assistance to advance community-based systems and services oriented to recovery, resiliency, wellness, and social inclusion. SAMHSA engages people with lived experience and federal, state, territorial, tribal, and community partners to advance health equity and address SDOH so that people in every community can thrive and reach their fullest potential.

Objective 3.2. Expand resources for families and caregivers impacted by overdose.

Families and caregivers impacted by overdose need access to resources to support the well-being of a person at risk of or who has experienced an overdose. Resources can include programs, activities, or services that help promote the well-being of families and caregivers to help prevent substance use among other family members. SAMHSA will partner with other federal agencies to develop informational materials and programs that are consistent with the 2022 National Strategy to Support Family Caregivers.[39]

SAMHSA will direct resources to ensure the inclusion and participation of family members and informal caregivers in program development, implementation, and evaluation of funded services and technical assistance. Families and caregivers from diverse and under-served communities will be a population of special focus for culturally appropriate outreach, education, and mitigation tools in partnership with local entities.

Enhancing Access to Suicide Prevention and Mental Health Services

The continuum of mental health services includes mental health promotion and early intervention, crisis care, suicide prevention, treatment, and recovery support services. Individuals with any mental health condition, including serious mental illness (SMI), too often lack timely access to care. Additionally, mental health services are often fragmented such that transitions from one level of care to another are challenging. Many communities experience service gaps across the continuum such that persons are not able to receive what they need, when they need it.

The Substance Abuse and Mental Health Services Administration (SAMHSA) aims to lead our nation in increasing access to a full continuum of care that provides timely and high-quality services to anyone who needs them. In part, this priority aims to enhance access to suicide prevention and crisis care as crucial elements of the mental health continuum of care, so that people experiencing suicidal ideation and other behavioral health crises can receive the care they need and want in order to thrive and achieve well-being (see Figure 3).

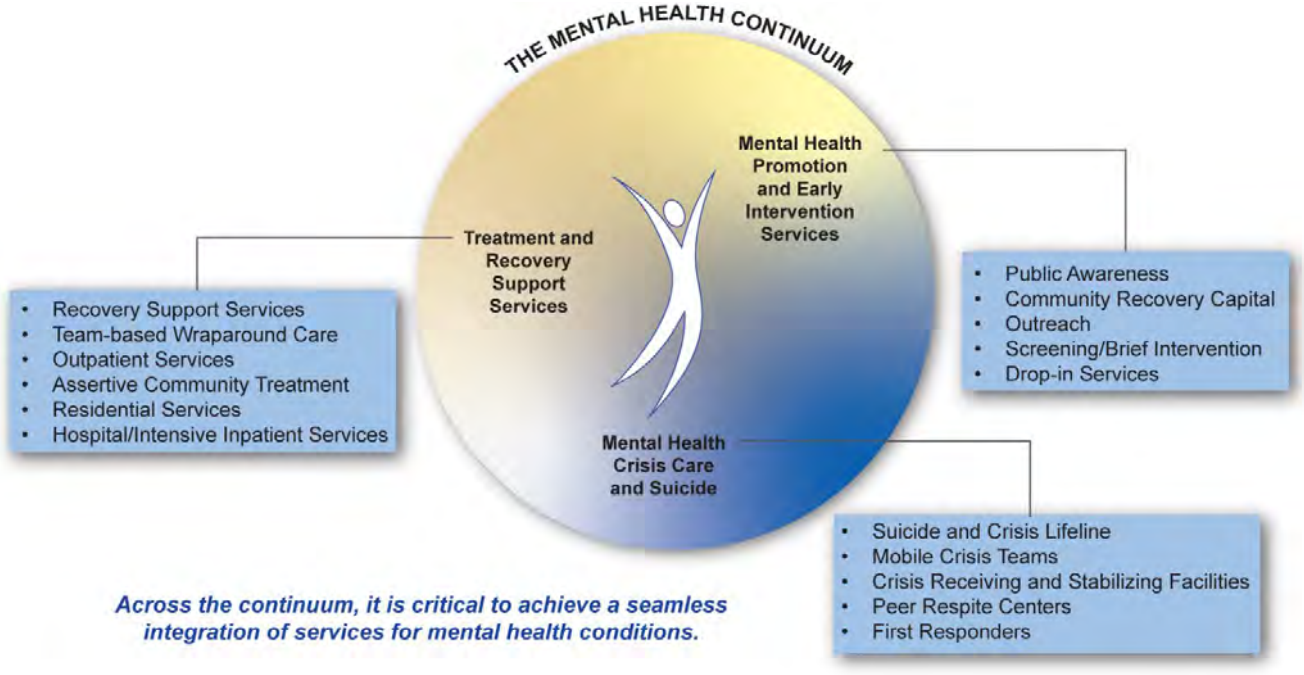

Figure 3. The Mental Health Continuum

Mental Health Promotion & Early Intervention

Multiple risk factors increase the risk for developing a mental health condition. Example risk factors include early childhood exposure to adverse experiences like abuse or neglect; adverse social and environmental determinants of health, such as low education

opportunity, housing instability, unemployment, high crime, neighborhood violence, and others; and experiencing bullying or other violent acts at any age. Effectively recognizing and addressing these risk factors through structures and services can prevent the development of a disorder or lessen the impact or severity of a mental disorder. SAMHSA works through several grants and technical assistance programs to promote access to effective prevention and early intervention services and supports.

SAMHSA's Community Mental Health Services Block Grant (MHBG) set-aside for early SMI/first episode psychosis (FEP) is an effective early intervention approach, increasing the number of FEP coordination specialty care programs to over 350 since its start in 2014. Project Advancing Wellness and Resiliency in Education (Project AWARE) provides training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health challenges and connects school-aged youth who may present with behavioral health challenges, and their families, to needed services. SAMHSA's Project Linking Actions for Unmet Needs in Children's Health (Project LAUNCH) promotes the wellness of children from birth to age 8 by disseminating effective and innovative early childhood mental health practices and services, ultimately leading to better outcomes for young children and their families. Project LAUNCH builds the capacities of adult caregivers of young children to promote healthy social and emotional development; prevents mental, emotional, and behavioral disorders; and identifies and addresses behavioral concerns before they develop into serious emotional disturbances (SEDs).

SAMHSA supports Mental Health Awareness Training (MHAT), which prepares individuals and communities to respond appropriately and safely to persons with SMI and/or SED. Through MHAT, individuals receive the knowledge, skills, confidence, and resources to engage with someone experiencing mental health and/or substance use challenges. Trained individuals use these skills and resources to help others access needed mental health care or other services from within their own families, places of employment, communities, or places of worship.

Mental Health Crisis Care & Suicide Prevention

Suicide is a leading, and preventable, cause of death for adults and youth. During the COVID-19 pandemic, suicidal behaviors among young people significantly increased.[40] In 2021, suicide was the second leading cause of death for youth ages 10–14 and the third leading cause among youth ages 15–24 in the United States.[41] Data from the 2021 National Survey on Drug Use and Health (NSDUH) estimated that the number of adults with serious thoughts of suicide was 12.3 million, those with plans for suicide was 3.5 million, and those who attempted suicide was about 1.7 million.[3] Fully addressing suicide involves preventive interventions and includes mental health workforce improvements. All providers should identify and provide basic care and support to those at risk for suicidal ideation and behaviors, and family members of these individuals.

As SAMHSA's 2020 National Guidelines for Behavioral Health Crisis Care indicate, comprehensive crisis care systems include core services, such as crisis contact centers, mobile crisis teams, and crisis receiving and stabilizing facilities.[42] In 2022, SAMHSA provided guidance on crisis care for youth in the National Guidelines for Child and Youth Behavioral Health Crisis Care, which supports a developmentally tailored approach to crisis care for young people. It emphasizes appropriate home- and community-based stabilization supports, and "a safe place to be" while prioritizing safety.[43] These services address the acute behavioral health needs of people in crisis. Additionally, these services are consistent with goals to prevent suicide, overdose, and other adverse crisis-related outcomes and are linked to subacute and outpatient services with a goal of ongoing engagement toward harm reduction, treatment, and recovery. Robust, culturally appropriate, and responsive systems will be essential to meeting crisis care needs across the nation. Crisis services must be trauma-informed and avoid re-traumatizing individuals seeking help by avoiding use of restraint and seclusion practices. Together these components, when person-centered and coordinated with other services, can address the goal of serving anyone, at any time, from anywhere across the country.

To help achieve this goal, on July 16, 2022, the National Suicide Prevention Lifeline transitioned to the 988 Suicide & Crisis Lifeline.[44] Persons who use this number are put in direct contact with a trained counselor and referred to services. Counselor training includes work across the lifespan; approaches for individuals with disabilities; attention to historical trauma, stigma, and discrimination in marginalized communities; and knowledge of population-specific factors that may influence engagement with crisis workers. For imminent risk situations or if a crisis is ongoing, a responder such as a mobile crisis response unit can go where the caller is and/or identify a place the caller can go for help.

SAMHSA continues to invest in key suicide prevention efforts such as the Garrett Lee Smith (GLS) Youth Suicide Prevention and Zero Suicide programs, as well as to provide needed technical assistance to the field through the Suicide Prevention Resource Center (SPRC).

Recovery & Treatment

Recovery and improved health and well-being are the goals of mental health care for individuals with a mental health condition. Individuals often take different pathways to engage with behavioral health services and initiate and sustain recovery. Because a mental and/or substance use disorder (SUD) crisis often results from environmental challenges and events, such as trauma, job loss, or financial or interpersonal stressors, addressing these issues is crucial to sustaining recovery. The recovery process is highly personalized, with individuals engaging in a variety of services and supports that may include treatment as well as recovery support services.

Goal 1. To improve health and well-being of all Americans, SAMHSA will support mental health promotion and early intervention programs and services for individuals at risk for or living with mental health conditions.

Mental health promotion and early intervention programs and services for individuals at risk for or living with mental health conditions is an important focus for SAMHSA. This is guided by many factors, such as national negative trends in mental health. Efforts include optimizing positive mental health before mental health problems have been identified, or soon after, with the goal of improving mental health for the population.[45] Recent research shows the positive effects of mental health promotion and early interventions through a public health approach.[46]

Enhancing Access to Suicide Prevention and Mental Health Services Goal 1 Example Programs

Mental Health Awareness Training (MHAT) trains individuals (e.g., school personnel, fire department and law enforcement staff, and veterans, military members, and their families) to recognize the signs and symptoms of mental disorders and how to safely de-escalate crisis situations involving individuals with a mental illness. MHAT also provides education on local mental illness resources and other tools, such as how to establish links with school- or community-based mental health agencies.

Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis provide evidence-based interventions to youth and young adults who are at clinical high risk for psychosis by improving symptoms and behavioral functioning, enabling youth and young adults to resume age-appropriate activities, delaying or preventing the onset of psychosis, and minimizing the duration of untreated psychosis for those who develop psychotic symptoms.

Objective 1.1. Expand mental health literacy through outreach, training, and technical assistance.

In alignment with SAMHSA's mental health promotion initiatives, SAMHSA programs implement outreach activities with communities, schools, and individuals; implement training activities on mental health symptoms and evidence-based practices; and provide technical assistance on service provision and program implementation. All these activities, implemented and adapted through a culturally appropriate lens, are important components of mental health literacy expansion as the programs reach people with various mental health needs and numerous backgrounds.

Continuing to implement these initiatives will expand mental health literacy in areas such as increasing awareness of mental health symptoms in general, culturally specific experiences of mental health symptoms, and understanding and implementation of evidence-based and evidence-informed practices, and will ultimately increase the number of individuals trained on how to respond to individuals with mental disorders appropriately and safely.

For example, the Project AWARE program has increased mental health literacy in schools and communities, removed barriers to finding care, and ensured cultural relevance for school programs. With SAMHSA's support, Project AWARE will focus on improving the school environment and trauma-informed programming to improve care for school-aged youth. Additionally, through the MHAT grant program, SAMHSA reinforces positive partnerships between law enforcement and communities, which increases public trust and enhances public safety. SAMHSA's advisory promotes MHAT implementation by broadly targeting the workplace, from traditional work settings to places in the community that people frequent.

SAMHSA recognizes the need for technical assistance in many areas of mental health promotion, including early childhood and social media. SAMHSA addresses these through Centers of Excellence, such as the National Center of Excellence for Infant and Early Childhood Mental Health Consultation and the Center of Excellence on Social Media and Mental Wellbeing. These Centers of Excellence develop and disseminate information, guidance, and training for mental health practitioners addressing the spectrum of mental health needs and applicable services and interventions, including prevention and promotion. SAMHSA supports and expands mental health literacy with these initiatives.

Objective 1.2. Encourage states and tribes to focus resources on mental health promotion and early intervention services.

SAMHSA encourages states and tribes to focus resources on mental health promotion and early intervention through infrastructure and services grants, and through technical assistance.

Infrastructure-focused grants allow SAMHSA to partner with tribal communities and state agencies to develop culturally appropriate service delivery systems. Some of these programs include Planning and Developing Infrastructure to Promote the Mental Health of Children, Youth and Families in American Indian/Alaska Native (AI/AN) Communities (Circles of Care); Project AWARE, including state-level educational systems; and Grants for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbance (the Children's Mental Health Initiative or CMHI), funded in tribal communities and with state-level agencies. SAMHSA's grant programs also support direct mental health services in tribal communities, as funded through Linking Actions for Unmet Needs in Children's Health in AI/AN Communities, U.S. Territories, and Pacific Jurisdictions Cooperative Agreements (Indigenous – Project LAUNCH) and in state-level agencies as funded through CMHI.

SAMHSA prioritizes specific support for tribes through various initiatives that promote mental health and early intervention. The Tribal Training and Technical Assistance Center offers training and technical assistance on mental and SUDs, suicide prevention, and mental health promotion. SAMHSA's efforts reflect a commitment to upholding the federal government's historical and unique legal relationship with Federally Recognized Tribes

through consultation, outreach, education, and engagement when developing initiatives specific to AI/AN.

Goal 2. To save lives and improve well-being, SAMHSA will lead public health efforts to reduce suicidal ideation and behavior.

This goal aligns with the Surgeon General's 2021 Call to Action to Implement the National Strategy for Suicide Prevention. Through grant funding, coordination, dissemination of practice and policy recommendations, data collection, and evaluation, SAMHSA is key to strengthening service development to promote access to quality suicide prevention care, to improve engagement of service recipients and providers, and to ensure that resources are aligned with practices that are more impactful.

The nexus between substance use and suicide requires a public health approach. Because risk and protective factors for the two overlap, SAMHSA supports collaboration across the continuum to ensure all parts of the system can implement appropriate programming. Building and strengthening connections among suicide prevention, substance use prevention, treatment for mental illness, and SUD treatment—along with recovery support services—are necessary to reduce suicidal behavior and suicide rates.

Enhancing Access to Suicide Prevention and Mental Health Services Goal 2 Example Programs

The **Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Program** supports states and tribes with implementing youth suicide prevention and early intervention strategies in schools, the juvenile justice system, substance use and mental health programs, foster care systems, pediatric health programs, and other child and youth-serving organizations. The program reduces suicides and suicide attempts among youth.

The **Suicide Prevention Resource Center** advances suicide prevention infrastructure and capacity building through consultation, training, and resources to states, tribes, communities, colleges and universities, health systems and other settings, and organizations that serve populations at risk for suicide.

The **National Strategy for Suicide Prevention** grant program supports efforts to implement suicide prevention and intervention programs. The grant program raises awareness of resources available to prevent suicide, promotes help-seeking behavior, establishes referral processes, and improves outcomes for individuals at risk for suicide.

Objective 2.1. Improve access to suicide prevention services.

Reducing barriers and enhancing equitable, culturally appropriate, trauma-informed, and linguistically responsive access to the 988 Suicide & Crisis Lifeline and other core

components of the crisis services continuum will offer immediate support to those in distress and can decrease the development of future crisis situations. Suicide prevention services must also be embedded through the broader public health and healthcare systems. To reinforce these programmatic attributes, states and territories are required to report on their systemic suicide prevention activities in the Community MHBG application. An example of this work can be seen in the Zero Suicide grant program, which supports the implementation of the Zero Suicide intervention and prevention model for adults throughout a health system or systems.

Building suicide prevention services does not guarantee that all populations will be aware of or use them. For populations with deep-seated mistrust of healthcare systems, engagement strategies with the community and community gatekeepers will be essential to facilitating trust and use of these services. Offering in-language services also builds trust and is essential in crisis situations for communities where English is not the preferred or primary language.

SAMHSA will support the expansion of community health and healthcare-based wellness, recovery, and suicide prevention programs that work to prevent future crisis encounters. Efforts include preventing suicide attempts and the emergence of suicidality, increasing primary care providers' skills in identifying suicidality, assessing safety and talking about lethal means restrictions, implementing safety planning, and increasing behavioral health providers' knowledge and implementation of evidence-based practices to treat suicidality and deliver behavioral health crisis care. To support these efforts, programs like the GLS program use strategies such as working with a range of youth-serving systems (e.g., schools and child welfare, juvenile justice, and pediatric services). Other SAMHSA efforts include engaging systems serving military personnel, veterans, and older adults; workplaces; faith-based communities; and tribal communities.

Considerations regarding equity are also critical to these efforts. For example, the SAMHSA Native Connections Grant Program supports grantees in reducing suicidal behavior and substance use among Native youth up to age 24; easing the impacts of substance use, mental illness, and trauma in tribal communities; and supporting youth as they transition into adulthood. Furthermore, the National Action Alliance for Suicide Prevention, with SAMHSA's SPRC, is conducting a formative audience evaluation to ensure 988 Suicide & Crisis Lifeline efforts are informed by populations at high risk for, or disproportionately impacted by, mental health conditions or suicide-related behaviors. This will include qualitative and quantitative data collection from groups such as African American youth and adults; AI/AN; older rural adults; Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI+) individuals; and Latino and Hispanic youth and adults.

Objective 2.2. Improve the quality and effectiveness of suicide prevention services.

SAMHSA will enhance suicide prevention services by supporting training standards and promoting the adoption of practices that are evidence-based, evidence informed, or

promoted through expert consensus. This includes, but is not limited to, ensuring 988 Suicide & Crisis Lifeline staff are well trained and responsive to the needs of all individuals who call, text, or chat, including those from under-served communities. Training will be supported through implementation of core curriculum modules with subsequent evaluation of worker skill.

An example of an evidence-based practice is strengthening follow-up protocols for individuals who have experienced a behavioral health crisis, including but not limited to emergency department visits, inpatient psychiatric admissions, and other behavioral health crisis care encounters. Collecting, analyzing, and reporting data (e.g., training and policy changes, screening, model fidelity, practice adoption) must accompany practice implementation to inform quality improvement efforts. This type of work is supported through the Zero Suicide grant program that supports the implementation of the Zero Suicide intervention and prevention model for adults throughout a health system or systems.

Goal 3. To deliver crisis care across all communities, SAMHSA will improve the quality and accessibility of the crisis care system.

An adequately resourced, responsive behavioral health crisis system provides person-centered, trauma-informed responses that decrease reliance on law enforcement and hospital emergency department use. Often, people with mental health and SUD treatment needs cannot access the care they need when they need and want it, or they get lost in transition across a highly fragmented and inadequately funded system. Under-served and marginalized populations, such as those from racial, ethnic, sexual, and gender minority groups and rural communities, often face additional barriers with respect to access and outcomes.[42]

The growth of a robust behavioral health crisis response system will require leadership at multiple levels throughout mental health and substance use services systems. This includes a role for federal partners as well as state, territory, tribal, and community leaders, and people with lived experience. In a highly fragmented and disjointed system, there is a clear role for SAMHSA. Through the 988 and Behavioral Health Crisis Coordinating Office, in conjunction with the agency's Centers and Offices, SAMHSA will work with partners to convene, coordinate, and disseminate information, including updated evidence and best practices; provide ongoing learning and technical assistance; facilitate awareness and behavior change campaigns; and support the measurement and evaluation of system performance across the crisis continuum. In this role, SAMHSA can identify strategies and resources to address policy issues including regulatory, governance, and funding or obstacles faced by jurisdictions. Through SAMHSA's State Program Improvement Technical Assistance contract, the agency supports states' use of the Crisis Services Set-aside of the Community MHBG to implement evidence-based crisis services.

SAMHSA's crisis care system is centered on three elements—"someone to talk to," "someone to respond," and "a place to go."[42] Mobile crisis services play a key role in crisis

response as the second element of the crisis continuum—"someone to respond." A fundamental tenet of mobile crisis is to serve anyone, anytime, anywhere. This means that any individual experiencing a behavioral health crisis can be supported where they are, regardless of age, language, diagnosis, ability to pay, or location. Mobile crisis services allow individuals to receive care in their communities, and limit unnecessary involuntary transportation, hospitalization, incarceration, and detention.

In some communities specialized teams serve youth, veterans in crisis, individuals with intellectual and developmental disabilities, and individuals experiencing homelessness. This specialized attention is important, but mobile crisis teams should be equipped to skillfully support all populations. Well-designed mobile crisis services include coordination with law enforcement so that first responders to behavioral health crises can be mobile crisis staff.

SAMHSA envisions that mobile crisis services will be universally available in every community and will be able to meet the needs of all individuals. SAMHSA supports efforts to make that vision a reality.

Enhancing Access to Suicide Prevention and Mental Health Services Goal 3 Example Programs

The **988 State and Territory Grant Program** improves state and territory response to 988 Suicide & Crisis Lifeline contacts by recruiting, hiring, and training the behavioral health workforce to staff local 988/Lifeline centers to respond, intervene, and provide follow-up to individuals experiencing a behavioral health crisis; engaging Lifeline crisis centers to unify 988 Suicide & Crisis Lifeline response across states/territories; and expanding the crisis center staffing and response structure needed to successfully implement the 988 Suicide & Crisis Lifeline.

The **Community Mental Health Services Block Grant (MHBG)** program provides state/territory formula grants that offer optimal flexibility to enable states to meet the unique needs of individuals with SMI or SED. Grantees are required to set aside 5 percent of their MHBG allocation to support evidence-based crisis system components. States and territories use this funding to support transitions from their previous call center networks to a more centralized response paired with new capabilities to coordinate with additional crisis services such as mobile crisis outreach and crisis stabilization units.

The **Community Crisis Partnerships Program** enhances existing mobile crisis response teams to divert adults, children, and youth experiencing a mental health crisis from law enforcement in high-need communities. The program recognizes high-need communities as a community in which mobile crises are responded to by first responders and/or where first responders are not adequately trained or equipped to diffuse mental health crises.

Objective 3.1. Improve the experience for people in crisis and for crisis care providers.

SAMHSA will lead the nation in promoting the development of crisis and related services so the needs and experience of people in crisis are prioritized. The foundation SAMHSA relies on in the design of crisis services starts with the individual. First one must ask, "what does a person in crisis need?" As noted earlier, the person needs three broad categories of services: "someone to talk to," "someone to respond," and a safe "place to go." Using a whole-population approach, SAMHSA asks states and other stakeholders to start their planning by thinking about the needs, circumstances, and situation of a person in crisis. Through this whole-population approach, SAMHSA aims to continuously increase support through the development of technical assistance documents, reports, and meetings and by monitoring evolving research on best practices in crisis services. SAMHSA will promote and enhance genuine engagement with persons who have experienced crisis and are living with or are in recovery from mental illnesses or SUDs by developing several initiatives that will improve and serve as a model for state and community systems on consumer engagement in services design and delivery. SAMHSA also aims to lead efforts to reduce barriers and enhance equitable, culturally and linguistically appropriate access to the 988 Suicide & Crisis Lifeline; strengthen coordination between 988 and 911 Public Safety Answering Points, including the support of programs that divert calls from 911 to 988 to decrease unnecessary law enforcement response to crisis encounters; promote the improvement of law enforcement interactions; and increase the influence of those with lived experience in planning, implementation, delivery, and evaluation of the behavioral health crisis continuum. The incorporation of person-centered, trauma-informed principles will promote engagement and improvements in quality crisis service delivery. Through these efforts as well as collaborations with national partners, SAMHSA will lead the nation in the development and dissemination of best practices in crisis care.

It is important to recognize that individuals remain at elevated risk of suicide following crisis encounters. This includes time after crisis calls, emergency department discharges, and inpatient psychiatric hospitalizations. Research found that 43 percent of callers experiencing a suicidal crisis who completed evaluation follow-up assessments experienced some recurrence of suicidality (ideation, plan, or attempt) in the weeks after their crisis call, and only 22.5 percent of those callers had been seen by someone in the mental healthcare system to which they had been referred.[47] Recent national approaches to follow-up care have included safety planning interventions followed by a follow-up phone contact—a model that has been shown to be effective in patients discharging from emergency department settings. Outcomes include improved treatment engagement, decreased risk of hospitalization, and reduced suicidal behaviors.[47,48,49,50] The Crisis Center Follow-Up Program aims to significantly enhance continuity of care with engagement of hospitals, behavioral health organizations and services, as well as 911/Public Safety Answering Points, mobile crisis outreach, and police, to improve the well-being of individuals who are at risk of suicide through continual engagement after initial contact through 988.

Objective 3.2. Improve allocation of resources across the crisis care ecosystem.

There are significant variations in crisis service definitions and gaps in the evidence base supporting specific model implementation. The crisis system must adapt to emerging needs and evidence, and resources need to be aligned and scaled to respond to this growth and evolution. A multi-faceted financing strategy will create flexibility in allowing partners to construct sustainable funding approaches for crisis services. SAMHSA will support alignment of policy and program incentives to drive effective, safe, high-quality community-based care. SAMHSA will focus on promoting opportunities for sustaining crisis services through grant opportunities, and public and commercial payors. Resource allocation must be consistent with equity goals to overcome historical barriers and address inequities in access and outcomes.

Goal 4. To improve the quality and accessibility of care, SAMHSA will strengthen treatment and recovery services for individuals at risk for or living with mental health conditions.

SAMHSA's NSDUH survey consistently demonstrates that many individuals with mental illness do not receive treatment, including those with SMI. Among the many reasons for this are an insufficient number of mental health professionals and long wait lists for outpatient appointments. Additionally, there is tremendous variability in the level and quality of services individuals receive once they are in care. SAMHSA works to increase access to effective evidence-based programs through several efforts like services grants and technical assistance.

Enhancing Access to Suicide Prevention and Mental Health Services Goal 4 Example Programs

The **Transforming Lives through Supported Employment** grant program enhances state and community capacity to provide evidence-based supported employment programs for adults and youth with SMI or SED with the goal for individuals to achieve competitive employment and build paths to self-sufficiency and recovery.

Certified Community Behavioral Health Clinics (CCBHCs) are designed to ensure access to coordinated comprehensive behavioral health care. CCBHCs serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age—including developmentally appropriate care for children and youth.

Behavioral Health Partnerships for Early Diversion grants establish or expand programs that divert adults and youth with a mental illness or a co-occurring disorder from the criminal or juvenile justice system to community-based mental health and substance use disorder services and other supports.

Objective 4.1. Expand community efforts to provide a continuum of treatment and recovery supports for individuals living with SMI or SED, and their families and caregivers.

Persons living with mental illness should have access to treatment and services that enhance and support their ability to receive care, achieve well-being, and thrive. Over the past 60 years, community services have developed in fragmented and divergent ways. To offer states and territories optimal flexibility in meeting the unique needs of adults with SMI or children with SED, SAMHSA funds the Community MHBG program which is designed to provide comprehensive community mental health services.

The Certified Community Behavioral Health Clinic (CCBHC) model incorporates nine treatment and recovery support services including crisis services and SUD treatment for children and adults. SAMHSA will continue to expand this model through both its CCBHC Expansion Grants and work with the Centers for Medicare & Medicaid Services on the Medicaid Demonstration Programs for CCBHCs. For example, in 2023 SAMHSA provided 15 new planning grants for states to prepare to potentially join the CCBHC Medicaid demonstration that was expanded by the Bipartisan Safer Communities Act.

SAMHSA will continue to support recovery services so that individuals live well and thrive through programs such as the Statewide Consumer Network Grant Program. This program aims to enhance the ability of statewide mental health consumer-run organizations to promote mental health, and to improve related service system capacity and infrastructure development to be consumer-centered and targeted toward recovery and resiliency. The program supports consumer-driven improvements by promoting the use of consumers as agents of transformation. The Mental Health Technology Transfer Center supports efforts to ensure that high-quality, evidence-based, and effective mental health condition treatment and recovery support services are available for all individuals with mental disorders including, in particular, those with SMI. Additionally, the Recovery Community Services Program provides peer recovery support services via recovery community organizations to individuals with SUDs or co-occurring substance use and mental disorders, or those in recovery from these disorders. The program's foundation is the value of peers' lived experience to assist others in achieving and maintaining recovery. These services, with clinical treatment services, are an integral component of the recovery process.

Priority 3

Promoting Resilience and Emotional Health for Children, Youth, and Families

Most individuals with mental health and substance use conditions first manifest signs in childhood, adolescence, and young adulthood.[51] In fact, half of all mental illnesses emerge by the time a youth turns age 14, and nearly 75 percent by the time a person is 24 years old.[51] There is a significant correlation between adverse childhood experiences and aspects of the child's environment that can undermine their sense of safety, stability, and bonding and contribute to poor physical and behavioral health outcomes in adulthood.[52]

Even before the COVID-19 pandemic, the nation's youth were experiencing significant mental health and substance use challenges. Nearly 1 in 5 youth had a diagnosable mental health condition, and 1 in 10 had a serious emotional disturbance (SED) that negatively impacted their ability to function at home, in school, or in the community.[53,54] Additionally, more than 1 in 10 youth ages 12–20 had a substance use disorder (SUD), inclusive of alcohol or illicit drugs.[55] The pandemic made this situation worse, with depression and anxiety doubling in youth, especially youth of color, compared to pre-pandemic levels;[53] moreover, more than 215,000 children in the United States have experienced the death of a primary or secondary caregiver due to COVID-19, with children of Black, Indigenous, and other people of color disproportionately impacted.[56,57,58] The Centers for Disease Control and Prevention (CDC) also released data indicating that 1 in 3 high school students experienced poor mental health during the pandemic and nearly half of students felt persistently sad or hopeless.[59,60]

Unfortunately, many young people do not receive the treatment supports they need. According to the 2021 National Survey on Drug Use and Health, over half of children and youth with mental health needs did not receive services, and over 98 percent of young adults with a SUD did not receive appropriate treatment.[3,61] Furthermore, those seeking treatment experienced longer delays, including days-long stays in the emergency department for those needing an inpatient hospital bed.[62]

The Substance Abuse and Mental Health Services Administration (SAMHSA)'s vision for youth behavioral health is that all children, youth, and their families thrive in their homes and communities. SAMHSA will achieve this through a tiered public health approach that matches each child, youth, young adult, and their families with the right intervention at the right time. This can be achieved by working upstream and acting early in the risk trajectory through a continuum of care. This approach uses mental health promotion, primary prevention measures, early identification, and effective interventions, when indicated; it also applies implementation science to maximize broad strategy application in the context of community engagement so that youth and their families will achieve and sustain good health and well-being. It is also important to provide specialized evidence-informed and evidence-based treatment for those at risk of and who have SED, serious mental illness (SMI), and SUDs.

Children, youth, and families is inclusive of those under 26 years of age (including young adults) and their families. Families can include biological parents and their partners, adoptive parents and their partners, foster parents and their partners, grandparents and their partners, siblings and their partners, caregivers, friends, and others as defined by the family.[63]

Goal 1. To ensure the wellness and resilience of children and youth, SAMHSA will support mental health promotion and primary prevention of substance use.

There are many risk and protective factors that can contribute to either the mitigation or exacerbation of mental health and substance use conditions that manifest in childhood, adolescence, and young adulthood. Thus, it is critical that we start early—"upstream"—to foster positive development, build coping skills, and equip young people and their parents/caregivers with the tools they need to navigate life's challenges. By doing this, we will help enhance wellness and build resilience so that our nation's youth thrive. Promoting wellness and resilience is cost-effective. There is strong evidence demonstrating that prevention programs provide significant returns on investment. [64]

SAMHSA supports a wide range of mental health promotion and substance use prevention services that include screening, identification, and referral; warm hand-offs (e.g., mental health promotion, suicide prevention); parent training; school-based prevention; student assistance; community awareness; community-based education; and community linkages. In addition, SAMHSA focuses efforts on young children through the Infant and Early Childhood Mental Health Grant Program and Linking Actions for Unmet Needs in Children's Health, which both aim to reduce the number of children and youth experiencing mental health or substance use issues.

Promoting Resilience and Emotional Health for Children, Youth, and Families Goal 1 Example Programs

The **"Talk. They Hear You."®** campaign helps parents and caregivers, educators, and community members get informed, be prepared, and take action to prevent underage drinking and other substance use.

The **Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families** program enhances and expands comprehensive outpatient-based treatment, early intervention, and recovery support services for adolescents (ages 12–18) and transitional aged youth (ages 16–25) with SUDs and/or co-occurring substance use and mental disorders, and their families/primary caregivers. The services include screening, assessment, treatment, and wraparound services in ambulatory settings.

The **Sober Truth on Preventing Underage Drinking Act (STOP Act) Grant Program** enables organizations to strengthen collaboration and coordination among stakeholders to achieve a reduction in underage drinking in their communities. The STOP Act Program aims to (1) address norms regarding alcohol use by youth; (2) reduce opportunities for underage drinking; (3) create changes in underage drinking enforcement efforts; (4) address penalties for underage use; and/or (5) reduce negative consequences associated with underage drinking.

Objective 1.1. Expand mental health promotion and primary prevention of substance use through outreach, training, and technical assistance.

Mental health promotion and primary prevention of substance use programs strive to increase the protective factors and healthy behaviors that promote positive mental, emotional, and behavioral development at home, in school, and in the community. These programs also seek to mitigate the risk factors that can lead to the development of substance misuse and mental illness. These risk factors can be at the individual, family, or community level, such as family history of substance use, favorable parental attitudes toward substance use, lack of school connectedness, and childhood trauma. Primary prevention of substance also focuses on providing the information and skills necessary to avoid substance use and misuse. Collectively, these strategies are often referred to as the "universal" approach because the interventions address an entire population, and all children and youth can benefit from the programs and services.

Training, technical assistance, and evidence-based interventions are essential components of mental health promotion and primary prevention of substance use. Examples of training programs include mental health first aid, suicide prevention, trauma-informed care, and cultural competency. Providing these trainings to diverse groups of individuals (e.g., youth and families, educators, healthcare providers, first responders, and community leaders) will create a network of people who can promote wellness, identify

early signs of concerns, offer appropriate support, and refer individuals to necessary services.

Evidence-based programs and interventions that support social-emotional development, self-management, and resiliency and improvement of parental, school, and community connections have shown evidence of reducing the development of problem substance use behaviors.[65]

Tailoring initiatives to reach multiple settings (e.g., home, school, employment, community, faith organizations) is also important to raise awareness about behavioral health, reduce prejudice and discrimination, and promote healthy lifestyles. Such efforts can include organizing behavioral health awareness campaigns, hosting workshops and seminars, disseminating educational materials, and using digital platforms and social media to reach a broad audience. Providing accurate information, resources, and support empowers individuals, organizations, and policymakers to prioritize behavioral health, recognize the signs of distress, and seek support when needed. SAMHSA provides technical assistance in various programs that also provide guidance and resources to individuals and organizations to implement evidence-based prevention programs, evaluate their effectiveness, and make data-driven improvements.

Objective 1.2. Lead efforts with federal partners to reduce substance use by those under the age of 21.

Establishing and enhancing key partnerships assists in reducing substance use rates among children and youth. SAMHSA leads the federal Interagency Coordinating Committee on the Prevention of Underage Drinking, which includes 23 federal agencies and focuses on a multi-faceted approach to lower the prevalence and negative consequences of underage drinking.

SAMHSA also partners with other federal efforts to improve substance use prevention efforts, including the Community Preventive Services Task Force (CPSTF) that is managed by the CDC. The CPSTF works to improve the health of communities by issuing evidence-based findings and recommendations on public health interventions used in real-world settings. Together, the CPSTF and SAMHSA developed recommendations for CDC's Community Guide related to family-focused and community-based interventions to prevent substance use.

SAMHSA also partners with the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism. These institutes conduct research related to substance use and misuse and play critical roles in informing prevention and treatment efforts. In addition, SAMHSA engages with local governments, organizations, and tribal and community leaders to create a comprehensive and integrated system of care that advances collective impact and fosters healthier and safer environments for all children, youth, and families. Together, these programs and activities constitute a complementary and coordinated federal approach that has helped reduce underage substance use.

Goal 2. To ensure that all children, youth, and families have opportunities to thrive, SAMHSA will increase access to a comprehensive array of equity-driven behavioral health programs by increasing program integration and expanding pediatric behavioral health capacity.

SAMHSA will emphasize the importance of promotion, prevention, early intervention, treatment, and recovery by engaging with multiple child- and youth-serving sectors, especially schools and primary care; create a specialized focus for children, youth, and families as part of the crisis continuum; and strengthen workforce capacity and skills.

Promoting Resilience and Emotional Health for Children, Youth, and Families Goal 2 Example Programs

The **Children's Mental Health Initiative** provides resources to improve the mental health outcomes for children and youth (birth through age 21) at risk for or with SED and their families. This program supports the implementation, expansion, and integration of the System of Care approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health Services for Children and their Families Program (also known as the Children's Mental Health Initiative or CMHI). With this program, SAMHSA aims to prepare children and youth with or at risk of SED for successful transition to adulthood and assumption of adult roles and responsibilities.

Circles of Care provide tribes and tribal organizations with the tools and resources to plan and design a family-driven, community-based, and culturally and linguistically competent system of care. With this program, SAMHSA aims to increase resilience and improve emotional health for American Indian and Alaska Native children, youth, and families.

The **Project for Advancing Wellness and Resiliency in Education (Project AWARE)** program develops a sustainable infrastructure for school-based mental health programs and services. Recipients build collaborative partnerships with the state education agencies, local education agencies, and tribal education agencies or expand the capacity of state education agencies, in partnership with state mental health agencies, community-based providers of behavioral healthcare services, school personnel, community organizations, families, and school-aged youth. Project AWARE leverages mental health-related promotion, awareness, prevention, and resilience activities for school-based youth. By building or expanding capacity, the program advances wellness and resiliency in education by increasing mental health awareness in schools across states, territories, and tribal communities.

The **Protection & Advocacy for Individuals with Mental Illness Program** is intended to protect and advocate for the rights of children or adults with serious emotional disturbances with significant (serious) mental illness through activities to ensure the enforcement of the Constitution and federal and state statutes.

Objective 2.1. Strengthen the nation's youth behavioral health system by integrating behavioral health services across youth-serving systems, including child welfare and juvenile justice, with a particular emphasis on education and pediatric primary care.

SAMHSA will expand the use of the "System of Care" framework, which seeks to organize services and supports into a coordinated network, build meaningful partnerships with youth and families, and address their cultural and linguistic needs.[66] Services and supports are coordinated across systems, individualized, and delivered in the most appropriate, least restrictive setting to help young people reach their full potential and thrive. The foundation of this work has been created through the Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances program (also known as the Children's Mental Health Initiative or CMHI).

Additionally, Community Mental Health Services Block Grant funds are contingent on states submitting a plan for an evidence-based system of care for children and families and reporting on all aspects of the work in the public mental health system for children. States and territories actively work with community mental health agencies, other community mental health providers, and school systems to provide comprehensive services for children with mental health support needs.

Schools

To address students' behavioral health needs and ensure that schools are secure and safe, SAMHSA will emphasize the Advancing Comprehensive School Mental Health Systems (CSMHS) framework and the use of a multi-tiered system of supports (MTSS).[67] The CSMHS framework and MTSS approach are designed to provide a continuum of instructional and behavioral supports that can positively impact an entire school and create a supportive school culture, as well as offer specific interventions to meet the individual needs of each student. The Project Advancing Wellness and Resiliency in Education (Project AWARE) program provides training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health challenges, and connects school-aged youth, who may present with behavioral health challenges, and their families to needed services. Additionally, SAMHSA funds the School-Based Trauma-Informed Support Services program to further enhance and improve trauma-informed support and mental health services for children and youth.[68]

Although some schools can provide direct services (i.e., school-based interventions), many others do not have such capabilities and therefore must link with services in the community (i.e., school-linked services). These linkages with community-based organizations help school staff identify and address the unique needs of students, which can allow for more comprehensive assessments, reduce service gaps, and lead to better outcomes. These programs focus on emotional and behavioral wellness and resilience, substance use prevention, and services and supports for youth who have SED, SMI, or SUDs.

In addition to school staff, it is important to train and collaborate with other community professionals and paraprofessionals, including members of a family's social support network, youth peer specialists, coaches and mentors, and others who serve as providers of care or extensions of the behavioral health workforce. These individuals have direct and frequent interactions with children and youth, allowing them to observe behavioral changes, promote healthy coping and resilience, provide early intervention, and create a supportive and nurturing environment. Establishing partnerships among schools, healthcare providers, and other community supports creates a more seamless and coordinated system of care, and improves outcomes for children, youth, and families.

Pediatric Primary Care

SAMHSA seeks to improve the integration of youth behavioral health and pediatric primary care. Pediatric primary care is the point of initial care delivery for 75 percent of children and youth and can be the key to early identification of complex needs, effective referral, and coordination of care.[69] Best practice related to integrating behavioral health and primary care requires an infrastructure of evidence-based primary prevention, mental health promotion, screening, measurement-based care (MBC), psychiatric and medicine consultation, and collaboration among service providers.

The Consolidated Appropriations Act, 2023 included provisions that prioritized integrating primary and behavioral health care.[13] Section 1301 of the law reauthorized and augmented SAMHSA's Primary and Behavioral Health Care Integration program.[13] This provision requires 10 percent of appropriated program funds be allocated to implement the psychiatric collaborative care model by primary care practices.[13]

Objective 2.2. Ensure that plans to develop the crisis continuum, in conjunction with the transition to the 988 Suicide & Crisis Lifeline, incorporate a specialized focus for children, youth, and their families.

The nation's crisis system is in a state of major growth and development. Crisis services do not adequately meet the specialized needs of youth, nor do they function as a coordinated system. This prevents children and youth from getting the services they need when and where they need them. Ideally children and youth in crisis receive services in their communities, but emergency departments and law enforcement are often the first point of entry into the behavioral health system. Therefore, in 2022, SAMHSA released The National Guidelines for Child and Youth Behavioral Health Crisis Care, offering best practices, implementation strategies, and practical guidance for the design and development of services that meet the needs of children, youth, and their families experiencing a behavioral health crisis.[43]

Crisis and mobile response teams can de-escalate behavioral health emergencies and are an important part of the array of available services.[43] These teams often serve as a diversion from hospital-level care and involvement in the juvenile justice and child welfare systems.[43] Mobile response and stabilization teams focused on children and youth are

necessary to ensure that services are provided by the right people with the appropriate expertise.[43] Some youth may need more than mobile crisis response and may also need a "safe place to be."[43] Efforts should prioritize stabilization with the youth and their family such that the youth can remain at home, while prioritizing safety. For youth, home-based and/or community-based stabilization services can be delivered over a period of several weeks. When situations cannot be resolved in home or when the home is unsafe, youth may need more intensive services such as a crisis stabilization unit, emergency department, or inpatient treatment.

SAMHSA recognizes that when a child or youth is in crisis, the family is in crisis. As a result, it is important to expand opportunities for parents, caregivers, and family members to engage in their child's treatment and receive support from individuals who understand them. SAMHSA will create strategies for youth and families with lived experience to provide support to their peers facing similar behavioral health challenges.

Objective 2.3. Increase opportunities across multiple settings for screening, early identification, and early and brief intervention.

By increasing opportunities to integrate screening and early intervention for mental health and substance use concerns across multiple settings, SAMHSA will create a more comprehensive and accessible system of care that encourages early identification and early intervention and creates support for young people experiencing behavioral health challenges. These services and supports can be expanded or incorporated into schools, pediatric primary care settings, and community organizations and settings as these are well positioned to identify early signs of behavioral health concerns. Digital technology, such as online screening tools or mobile apps, can also be leveraged. By using standardized screening tools, providing training to help identify symptoms, establishing clear referral pathways, and implementing integrative care models, appropriate and timely interventions can be provided to those in need.

Objective 2.4. Work collaboratively with other federal agencies and external stakeholders to develop strategies to increase capacity to deliver behavioral health services for children, youth, and their families.

The pediatric behavioral health workforce shortage will ultimately lead to long-term negative outcomes across countless dimensions, particularly in under-served communities, with more pronounced inequities across communities of color.[70,71] In addition, low reimbursement rates for youth behavioral health services and limited behavioral health benefit packages have contributed to ongoing challenges related to obtaining and paying for services and supports.[69] To ensure quality care is available to children, youth, and families, it is of paramount importance to address funding mechanisms and the need to expand access. To respond to this need, a responsive and culturally, racially, and ethnically diverse workforce comprising youth and family peers, paraprofessionals, allied professionals, and clinicians must be mobilized. One specific area

of focus will be to provide guidance regarding how to implement services and obtain reimbursement to integrate pediatric primary care and youth behavioral health.

To expand the workforce, SAMHSA has a long history of collaborating with federal partners. Similarly, non-federal partnerships can drive the state, territorial, tribal, and community dissemination of resources. SAMHSA will continue collaborative efforts to expand the youth behavioral health workforce, address behavioral health issues related to child welfare and juvenile justice, and identify strategies to fund quality behavioral health services for youth.

Despite Medicaid and/or the Children's Health Insurance Programs insuring 36 percent of American children, significant challenges remain for children and youth accessing in-network providers. SAMHSA will commission a study to evaluate the barriers to behavioral health provider participation in public insurance programs.[72] Although SAMHSA encourages care in the least restrictive environment, there is the growing issue of a lack of available inpatient and residential treatment beds for children who require them. This situation has significant downstream effects, like increased emergency department boarding times for children in behavioral health crisis. SAMHSA will evaluate the reasons behind bed closures and engage partners in discussing opportunities to develop funding mechanisms for youth crisis services to prevent the unnecessary utilization of inpatient and residential levels of care.

Goal 3. To meet the specific needs of children, youth, and their families, SAMHSA will support the dissemination and implementation of evidence-based and culturally appropriate services.

SAMHSA will encourage the use of evidence-informed and evidence-based services that promote well-being by developing positive attributes (promotive) and that prevent substance use, misuse, and harm (preventive). Points of access for these services occur at the youth and family level; within schools; within primary and other healthcare settings; and as part of national, state, territory, tribal, and community efforts to improve population health.

Studies demonstrate that the use of evidence-based practices to address child and youth behavioral health conditions improves outcomes.[73] These treatments consistently outperform control conditions for the most common youth disorders, including anxiety, depression, and disruptive behavior.

Evidence-based interventions are needed and should demonstrate improved outcomes, relevance, and effectiveness for culturally diverse populations.[73] Although SAMHSA is not a research entity, the agency often supports necessary adaptations to evidence-based services to align with cultural and linguistic needs of populations served. SAMHSA will encourage the use of an MBC approach. MBC is an evidence-based strategy to improve service outcomes that involves the systematic administration of symptom rating scales and use of the results to drive clinical decision making. Research demonstrates routine data

collection, as part of MBC processes that inform treatment planning, improves treatment outcomes.

Promoting Resilience and Emotional Health for Children, Youth, and Families Goal 3 Example Programs

The **Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families (Youth and Family TREE)** grantees provide a comprehensive, family-centered, trauma-informed, culturally appropriate, and evidence-based integrated outpatient system of care, which includes early intervention and recovery support services to meet the complex needs of the population of focus. The benefits include screening, assessment, treatment, and wraparound care, and they must be provided in outpatient, intensive outpatient, or day treatment settings.

The **National Child Traumatic Stress Initiative** program increases access to effective trauma- and grief-focused treatment and service systems for children, adolescents, and their families who experience traumatic events. With this program, SAMHSA aims to raise the standard of care and improve access to evidence-based services for children experiencing trauma across the nation.

Objective 3.1. Reduce health disparities and ensure effectiveness of SAMHSA programs by establishing an equity-informed approach to data, evaluation, technical assistance, and service delivery that is specific to young people and their families.

Increasing timely data collection and analysis is needed to more immediately respond to youth behavioral health needs.[73] Data are also needed to develop, implement, and evaluate interventions to determine if they meet requirements to be identified as evidence-based practices and to ensure the inclusion of marginalized groups in the interventions that are provided. Relevant and timely data analysis is critical to evaluating the effectiveness of SAMHSA's programs and services and to understanding the needs of diverse populations. Data can help inform the implementation of high-quality programs, practices, and policies that are responsive, upstream-focused, recovery-oriented, trauma-informed, and equity-driven (culturally and linguistically appropriate). This objective focuses on creating data strategies that understand the unique needs of children and youth and support programs that reduce and eliminate behavioral health inequities.

Population-inclusive data can help identify specific needs and can be used to develop focused interventions. Significant inequities exist across a range of behavioral health areas for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI+); Black; and Indigenous children and children of color.[10] These range from rates of diagnosis of attention-deficit/hyperactivity disorder to disparate treatment with antipsychotics for impulsivity, to the startling morbidity and mortality among Black youth by suicide.[10] Given

this, there is an explicit need to address the social and structural determinants of mental illness and SUD—paying particular attention to behavioral health equity.

Objective 3.2. Promote and coordinate technical assistance for youth behavioral health that provides guidance and expertise to professionals, organizations, and the public.

SAMHSA provides technical assistance to support professionals, organizations, and the public as they develop and implement plans to address youth behavioral health challenges. SAMHSA's current efforts in this area are limited. Building on existing efforts, SAMHSA will create a robust specialized national technical assistance center for youth behavioral health to assist individuals, organizations, and communities in improving and reforming youth behavioral health services and systems. This comprehensive center will use a public health approach to provide technical assistance related to wellness and health promotion, primary prevention, early identification and intervention, and treatment and recovery approaches across the developmental spectrum. Technical assistance will focus on improving clinical services and programs, addressing specialized topics such as reducing health disparities and financing service delivery, expanding capacity and access to youth and family peer support, and providing interventions that are trauma- and grief-informed and recovery/resilience-oriented.

Objective 3.3. Increase the inclusion of young people and family members with lived and living experience in the development, implementation, and evaluation of programs and services.

An increasing body of evidence shows that outcomes improve when young people and their families are engaged in their own treatment decisions and in the development of policies and procedures governing care.[74,75,76] Youth and family members with lived and living experience provide a perspective and descriptive information that contextualizes and complements the interventions delivered, and highlights areas for system improvement and reform.

SAMHSA incorporates the child, youth, young adult, and family lived experience perspective through programs such as the Statewide Family Network Program, implemented by family-driven organizations; the Healthy Transitions program serving youth and young adults ages 16–26 with or at risk for serious mental health conditions; and other programs requiring key personnel positions or advisory groups including young people and family members with lived experience. In addition to this, SAMHSA will obtain feedback from people receiving services for continuous quality improvement and to promote opportunities for leadership and positive development. This includes engaging young people and their family members on SAMHSA National Advisory Council and educational activities, and in the development and implementation of training and technical assistance to grantees and the public.

Objective 3.4. Guide the optimal use of technology to support the behavioral health of children, youth, young adults, and families.

Technology use significantly impacts the nation's children, youth, and families.[10] The use of telehealth services in particular greatly expanded as a result of the COVID-19 pandemic and has improved access to mental and substance use disorder services.[10] Technology also has the potential to provide robust social support. For example, social media provides youth who identify as LGBTQI+ with an environment that fosters peer connections and supports emotional well-being.[77] Additionally, youth use of crisis supports through text and chats has risen exponentially since the transition to the 988 Suicide & Crisis Lifeline.[78] An emerging area of work is to better understand the role of digital technologies to assist in the treatment of behavioral health conditions, from apps to wearables, which show promise for the future of behavioral health service delivery.

Unfortunately, social media can also be harmful to child, youth, young adult, and family mental health. According to a 2022 Pew Research Survey, nearly half of U.S. teens ages 13 to 17 experienced bullying and harassment online, and 53 percent identify it as a "major problem."[79] Such negative influences can create or exacerbate conditions like anxiety and depression, and excessive use of social media has been linked to impulsive behavior and loneliness. Nearly all adolescents and young adults use social media and digital communications, and they are uniquely vulnerable to the negative effects of social media and highly susceptible to peer influences.[80] Understanding the influences of increased technology use and new digital platforms on the initial use and progression of potentially harmful drug use, behaviors, and the mental health of young people is key to adapting policy and practices. SAMHSA's Center of Excellence on Social Media and Mental Wellbeing develops and disseminates information, guidance, and trainings on the impact of youth social media and technology use, particularly the potential benefits and risks that these platforms may pose to mental wellness and resilience.

Priority 4

Integrating Behavioral and Physical Health Care

People with behavioral health conditions often experience challenges getting the care they need. Forty-four million people ages 12 and older in the United States needed substance use treatment in the past year; however, only 6.3 percent reported receiving any. Close to 58 million adults ages 18 or older had any mental illness during the same time period, but less than half (47.2 percent or 26.5 million) reported receiving mental health services in the past year.[3] Systemic factors, such as lack of stable housing and transportation, food insecurity, condition-related stigma and discrimination, and high rates of past trauma, racism, and homophobia, may pose significant barriers for people and families to trust and effectively engage with behavioral and other healthcare services. These factors apply no matter the age of the individual as they have impacts across the lifespan.

Although mortality can be directly related to mental and substance use disorders (SUDs), people living with these conditions are also at higher risk for poor health outcomes associated with preventable chronic physical health problems. Healthcare services systems, including primary care, are often ill equipped to meet the myriad of complex needs of people with mental health and substance use disorders, especially when the support and attention that would be most helpful is beyond what is available or feasible within these setting.[81] This may complicate efforts for people with serious mental illness (SMI) and SUDs to access or effectively engage with different types of health care from which they could benefit. This is a contributing factor to the shorter life expectancies among people with SMI and SUDs compared to their peers without these conditions.[81]

Integrating behavioral health and physical health care is particularly important for older adults, who often prefer to seek behavioral health care in primary care settings for several reasons.[79] Nineteen percent of adults over age 65 reported they could not function at all or had a lot of difficulty with at least 1 of 6 functioning domains: vision, hearing, mobility, communicating, cognition, and self-care.[82] Older age groups had the highest (85+) or among the highest (75–84) suicide rates for any age group.[83] Additionally, approximately 3 million adults 50 or over reported having any SMI; 17.7 million reported any mental illness; 11.4 percent reported binge drinking in the past month; and 11.3 percent reported having a SUD.[±]

Improving health more holistically can be accomplished through the integration of behavioral and physical health care by using systematic, evidence-based, cost-effective approaches to improve person-centered comprehensive care in all settings. Recognizing the multidimensional elements to health, a whole-person approach considers the individual at the center of care regardless of treatment setting, integrates their goals and priorities into a person-centered care plan, is culturally appropriate, and aims for the creation of health and well-being—not just the absence of disease.

A key to achieving a whole-person care approach is advancing the bi-directional integration of behavioral health with all other healthcare services and systems. The Substance Abuse and Mental Health Services Administration (SAMHSA)'s integration efforts provide support in areas integral to its mission, including grant programs, technical assistance, training resources, and policy activities. These efforts include the education and training of primary care providers to better promote prevention, screening, and early behavioral health interventions; self-management approaches including shared decision making so individuals and families can fully participate in care; as well as investing in models that connect individuals with behavioral health issues to needed physical health screening and associated care.

SAMHSA funds the National Center of Excellence for Integrated Health Solutions (CIHS), which houses some of the newest evidence-based resources, tools, and support for organizations working to integrate primary and behavioral health care. This team of experts in organizational readiness, integrated care models, workforce and clinical practice, health and wellness, and financing and sustainability partner with providers to create a customized approach to advance integrated care and health outcomes. SAMHSA also works with federal, state, territorial, tribal, and community partners to eliminate the barriers that providers encounter when trying to deliver whole-person health care and supports. These barriers are especially profound when serving communities disproportionately affected with co-morbid infectious disease conditions.

Goal 1. To promote whole-person care and improve health outcomes, SAMHSA will advance bi-directional integration of healthcare services across systems for people with behavioral health conditions.

Bi-directional care integration focuses on improving access to and delivering whole-person care. It also includes addressing physical and behavioral health in an integrated system where providers work together to deliver and coordinate care.[84] SAMHSA acknowledges that bi-directional care integration is not a "one-size-fits-all" endeavor. Specialty behavioral health and primary care settings differ in significant ways, including patient populations, provider expertise and background, resource needs, financing and information technology systems, and primary drivers of care.[84] These differences need to be factored into any integration activities.

Despite these differences, consistently applying a whole-person care approach equitably, no matter the setting, can improve health outcomes for people with behavioral health conditions.[85] Non-specialty healthcare settings, whether emergency departments, hospitals, or primary care, may be the first place for an encounter with an individual in need of behavioral health services. These encounters represent significant opportunities for screening, diagnosis, and engagement in effective services and supports, not only for physical and behavioral health conditions but also for supports that pay attention to social determinants of health (SDOH).[81] Providing treatment for behavioral health conditions in primary care not only expands access to these services but allows for attention to other acute and chronic health conditions.[81] Interventions for behavioral health conditions in

primary care especially reach the large population of individuals with less complex or stable mental and SUD.[85]

To be successful, this goal will require partnerships and educational efforts among all stakeholders. That includes actively and closely engaging, building on, and working with federal partners prominent in this area, including the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention, the Office of the Assistant Secretary, the Veterans Administration (VA), and others. For example, the SAMHSA-HRSA CIHS assists providers in integrating primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in specialty behavioral health or primary care provider settings.

Integrating Behavioral and Physical Health Care Goal 1 Example Programs

The **Promoting the Integration of Primary and Behavioral Health Care** program promotes full integration and collaboration in clinical practice between primary and behavioral health care and promotes integrated care services related to screening, diagnosis, prevention, and treatment of mental and SUDs, and co-occurring physical health conditions and chronic diseases.

Screening, Brief Intervention, and Referral to Treatment grants implement screening, brief intervention, and referral to treatment services for children, adolescents, and/or adults in primary care and community health settings with a focus on screening for underage drinking, opioid use, and other substance use.

Objective 1.1. Increase resources and service capacity through grants, educational materials, and technical assistance for mental health and substance use disorder education, screening, prevention, treatment, and recovery in physical healthcare settings.

Historically there has always been an unmet need for behavioral healthcare services, with many people living with behavioral health conditions not receiving treatment.[3] The COVID-19 pandemic resulted in increased symptoms of anxiety and substance use that call for additional investments to address these concerns across more integrated treatment settings.[3] Physical healthcare settings play important roles in preventing, identifying, mitigating, treating, and supporting the recovery of people with, or at risk for, behavioral health conditions.[85] Meeting these functions presumes that practitioners have the requisite education, support, and resources to adequately deliver these services. An example can be found in the Consolidated Appropriations Act, 2023, which amended the Public Health Service Act to reauthorize and augment the Primary and Behavioral Health Care Integration program by requiring a 10 percent allocation of appropriated funds to implementing the psychiatric collaborative care model by primary care practices.[13]

SAMHSA will continue to support training and technical assistance using a whole-person care framework for all practitioners, health systems, and other organizations that seek to provide behavioral health care. These efforts align with and complement a range of SAMHSA's programs supporting the continuum of prevention, treatment, recovery support, and mental health promotion services across primary care, emergency departments and hospital settings, infectious disease clinics, and criminal justice-related healthcare services such as grants to expand SUD treatment in drug courts and technical assistance through the CIHS.

Objective 1.2. Increase resources and service capacity through grants, educational materials, and technical assistance for physical health condition education, screening, prevention, treatment, and recovery in behavioral healthcare settings.

Specialty behavioral healthcare settings may be the primary and only places where people with mental and substance use conditions encounter and engage with health professionals on a longer-term basis. To improve health outcomes for their clients, behavioral health organizations must be prepared to address physical health conditions and integrate services for the people they serve.

Several of SAMHSA's programs, including the Certified Community Behavioral Health Clinics, the Minority Acquired Immunodeficiency Syndrome (AIDS) Initiative, and the Promoting the Integration of Primary and Behavioral Health Care grants, incorporate aspects of wellness-focused and whole-person care requirements such as primary healthcare screenings and referrals. SAMHSA will expand these activities to all relevant grant programs.

Objective 1.3. Increase availability and improve uptake of training, education, and technical assistance on evidence-based, trauma-informed, integrated whole-person care.

SAMHSA has a long history of providing training, education, and technical assistance to a range of healthcare audiences to advance the behavioral health needs of the nation. With a growing emphasis on wellness-focused, whole-person care, SAMHSA will focus on these activities to ensure inclusion of trauma-informed, integrated care approaches. Work from various stakeholders and partner federal agencies such as the VA and the National Institutes of Health on whole-person care models will also inform efforts.[85,86] SAMHSA will employ its strategic data collection revisions in measuring acceptance and uptake of these training and technical assistance efforts, including the Whole Health Action Management model that SAMHSA plans to review and revise.

Goal 2. To promote whole-person care and improved health outcomes, SAMHSA will advance policies and programs to address social determinants of health.

SAMHSA recognizes the importance of addressing SDOH as key levers to achieving improved outcomes for people with behavioral health conditions. SAMHSA addresses various SDOH through our service delivery grants, training, and technical assistance

programs. Wraparound services for transportation assistance, case management, and supportive and recovery housing are a few examples of allowable activities that can be supported with SAMHSA grant funds. In addition, SAMHSA collaborates with other federal partners to support the Homeless and Housing Resource Center, a technical assistance program.

Many individuals with behavioral health conditions encounter the criminal justice system at different points. Recognizing this intersection, SAMHSA also supports programs, such as diversion, drug court, and reentry, that aim to interrupt the cascade of negative events from this involvement.

Integrating Behavioral and Physical Health Care Goal 2 Example Programs

The **Treatment for Individuals Experiencing Homelessness** program supports the development and/or expansion of local implementation of an infrastructure that integrates behavioral health treatment and recovery support services for individuals, youth, and families with an SMI, serious emotional disturbance, or co-occurring disorder who are experiencing homelessness.

Adult Treatment Drug Court programs support a variety of services including direct treatment services for diverse populations, wraparound and recovery support services such as recovery housing and peer recovery support services designed to improve access to and retention in care, drug test monitoring for illicit substances, educational support, relapse prevention and long-term disease management skills development, and human immunodeficiency virus and viral hepatitis B and C testing and/or referral, conducted in accordance with state and local requirements.

Adult Reentry Program grants provide screening, assessment, comprehensive treatment, and recovery support services for diverse populations reentering the community from incarceration. Other supported services include providing drug testing as required for supervision, treatment adherence, and therapeutic intervention; provision of case management and person-centered case management planning; and screening for infectious diseases.

Objective 2.1. Strengthen factors to improve health, home, purpose, and community to address social determinants of health.

Improving socioeconomic factors (such as environmental conditions, economic factors, and interpersonal relationships) is essential to strengthening SDOH, which reduces the risk of substance misuse, promotes equity, and improves overall health and well-being.

To help strengthen these linkages, SAMHSA will provide funding to eligible entities for screening, intervention, referral, linkage to care, and warm hand-off support services focused on substance misuse prevention and/or cessation, infectious disease prevention and treatment, mental health, primary care, pre-arrest diversion/deflection, housing, employment, education, peer support, and other psychosocial needs. SAMHSA works with federal partners and other stakeholders, such as through the Interdepartmental Substance Use Disorders Coordinating Committee (ISUDCC), and will support policies and practices that address individual, family, and community needs associated with SDOH (including through efforts such as peer specialists, community health workers, community coalition volunteers, faith-based leaders, person-centered planning, case management, and others). The ISUDCC focuses on coordination across federal agencies and on strategies to improve federal programs and outcomes related to substance use prevention, treatment, and recovery. Specific activities include expanding access to services, assessing the alignment of federal and state prevention and treatment strategies, recommending strategies for public engagement regarding policy and program development, and recommending strategies to minimize duplicative programming.

Objective 2.2. Adapt community-based services and supports to meet the needs of specific populations such as people experiencing homelessness.

Far too many individuals with behavioral health conditions become homeless. Engagement with treatment that restores a person's dignity, humanity, and mental health can help these individuals remain well and enable them in working with housing professionals to obtain and sustain successful housing. Often this treatment includes medication for those with SUD as well as medications that treat mental illnesses such as depression, bipolar disorder, or schizophrenia.

SAMHSA leads many programs that provide identification of mental illnesses in individuals that are unhoused and promotes referral to treatment. These include the Projects for Assistance in Transitioning from Homelessness program as well as the Treatment for Individuals Experiencing Homelessness program. Additionally, SAMHSA provides technical assistance to shelters and other entities that are engaged with assisting our nation's homeless individuals and developed a guide on Expanding Access to and Use of Behavioral Health Services for People Experiencing Homelessness. This guide highlights strategies for behavioral health and housing providers to conduct outreach and engage with individuals experiencing homelessness, initiate use of behavioral health treatment as they wait to receive stable housing, and retain them in their recovery efforts once housed.

SAMHSA intends to continue investments in programs and training opportunities that support linkage to and engagement with a range of recovery support services for persons with mental illness and SUDs, improving access to and retention in services, and reducing homelessness by partnering with and supporting homeless service organizations, housing-related entities, and training and technical assistance resources that work to identify and provide sustainable housing options for persons with mental illness and SUDs. This includes Assertive Community Treatment Grants, Grants for the Benefit of Homeless

Individuals, and others. SAMHSA actively participates in the U.S. Interagency Council on Homelessness and will leverage its existing relationships to help advance the integration of behavioral health into local U.S. Department of Housing and Urban Development Continuum of Care Program and associated Coordinated Entry Systems.

Objective 2.3. Increase and improve care for people involved with the criminal justice system from all points of diversion to reentry.

Too often Americans with behavioral health conditions are arrested and incarcerated rather than provided with opportunities to participate in effective treatment and recovery support services. With adequate crisis response and timely access to treatment and recovery supports, individuals with behavioral health conditions can receive treatment rather than face arrest and incarceration.

To help individuals remain well in the community of their choice, SAMHSA will continue investments in programs that aim to divert individuals with behavioral health conditions from the criminal justice system, establish and expand drug courts, and assist offenders with behavioral health conditions with reentry. These programs all aim to move people with behavioral health conditions away from the criminal justice system and into community care. Programs include diversion programs such as support for mental health courts and SAMHSA's long-standing Gather, Assess, Integrate, Network and Stimulate Center, which is a nationally recognized technical assistance center that provides resources on diversion from criminal justice as well as information on treatment of incarcerated individuals with mental illnesses and SUDs and best practices in release planning for those individuals.

Individuals entering carceral settings still require treatments that they were receiving in the community. SAMHSA will continue educating and supporting medical staff across federal, state, tribal, and other systems on best practices for working with people with behavioral conditions in the criminal justice system. SAMHSA intends to conduct a series of activities, including listening sessions, policy academies, and training events, to advance service implementation.

Recognizing that the overdose risk for people with a SUD leaving incarceration is far higher than that of the general population, SAMHSA will work with partners including the Drug Enforcement Agency, the Federal Bureau of Prisons, and other stakeholders to ensure increased access to medications for opioid use disorder and other services for individuals being released from prisons or jails.

Priority 5

Strengthening the Behavioral Health Workforce

The nation's mental health and substance use workforce is critical to providing individuals with access to essential healthcare services. Prior to the COVID-19 pandemic, there was a projected shortage of behavioral healthcare providers, with acute shortages predicted for psychiatrists and substance use disorder (SUD) treatment counselors through 2030.[87] The provider shortage is likely further exacerbated by the negative impact of COVID-19 and burnout.[88] Simultaneously, higher demands in services are predicted due to an increased prevalence of depression and anxiety disorders and substance use related to the COVID-19 pandemic.[89,90] The Substance Abuse and Mental Health Services Administration (SAMHSA) works closely with the Health Resources and Services Administration (HRSA) through the Behavioral Health Workforce Research Center to define and more clearly describe these needs.

Recognizing that a strong behavioral health workforce must meet people's needs where they are, the 21st Century Cures Act directed SAMHSA to work with states and other stakeholders to develop and support recruitment and retention efforts specific to addressing mental health conditions and SUDs across the lifespan.[91] To assist with recruitment and retention efforts, SAMHSA engages with the field through numerous pathways, such as provision of training and technical assistance, encouraging the expansion of the use of paraprofessionals, and increasing the diversity and cultural competency of the workforce. Peer providers and paraprofessionals have been shown to play a crucial role in enhancing and extending care to communities.[92] This expansion of workers from within the community served is important considering that lack of diversity in the workforce is a systemic issue that contributes to poor health outcomes for racial, ethnic, sexual, and gender minorities.[93] The use of telehealth and other technologies among behavioral health providers is also a promising strategy that can help increase access to mental illness and SUD treatment by addressing workforce shortages, which are often more pervasive in certain geographic areas.[94]

Goal 1. To meet the behavioral health needs of the nation, SAMHSA will support the active recruitment, training, and retention of diverse, qualified individuals into the behavioral health workforce.

Research shows positive impact on client outcomes when the clinicians providing care are of similar racial, ethnic, sexual orientation, and gender identity backgrounds as those receiving services.[93] Further, behavioral health service accessibility, availability, affordability, and acceptability are enhanced when the workforce is accessible to all individuals, including those with disabilities, and is stable and established in a community. Through grants, contracts, and technical assistance resources, SAMHSA will use best- and promising practices in recruitment and retention and will expand the reach of training

and skill development to ensure the workforce reflects those receiving care (including racial, ethnic, sexual, and gender minority individuals; individuals with disabilities; and other under-served communities) and is qualified to provide the services offered.

Strengthening the Behavioral Health Workforce Goal 1 Example Programs

Minority Fellowship Program (MFP) fellowships are open to people pursuing master's or doctoral degrees in various fields of behavioral health. SAMHSA-sponsored, and administered by 8 national behavioral health organizations**,** the MFP annually provides approximately 200 master's level and Ph.D. students with educational scholarships and training. MFP fellows commit to working with under-served communities for a specified period after they complete their education.

The **Historically Black Colleges and Universities Center of Excellence (HBCU-CFE)** recruits students to careers in behavioral health fields that address mental and SUD, provides training that can lead to careers in the behavioral health field, and prepares students for obtaining advanced degrees in the behavioral healthcare field. HBCU-CFE activities emphasize education, awareness, and preparation for careers in mental and SUD treatment including addressing opioid use disorders, serious mental illness (SMI) (including First Episode Psychosis), and suicide prevention.

Objective 1.1. Expand the number of Minority Fellowship Program fellows and enhance the reach of the Historically Black Colleges and Universities Center of Excellence.

SAMHSA operates the Minority Fellowship Program (MFP) and Historically Black Colleges and Universities Center of Excellence (HBCU-CFE) in Behavioral Health program that aim to increase the number of behavioral health practitioners serving minority populations. While both the MFP and HBCU-CFE programs successfully expand the number of behavioral health providers that serve racial and ethnic minority populations, they are not meeting increased demand to provide culturally appropriate behavioral health care.

Working with grantees and stakeholders, SAMHSA will reassess the MFP and HBCU-CFE to expand and enhance their impact. By expanding the reach of these two programs, SAMHSA can support increasing the total number of behavioral health practitioners that treat and serve people of different cultural and ethnic backgrounds.

Objective 1.2. Develop new pipeline programs by engaging high school, community college, and four-year university students.

While the MFP, HBCU-CFE, and Prevention Fellowship programs have experienced success in bolstering the behavioral health workforce, they are insufficient to meet the

increasing demand. SAMHSA launched the Prevention Fellow Program to (1) develop and sustain a well-trained and knowledgeable cadre of prevention professionals who understand and exemplify the principles and best practices of substance misuse prevention, and (2) prepare fellows to achieve certification. Nationally, there is a need to attract quality candidates into the behavioral health prevention, intervention, treatment, and recovery support fields. Programs that build awareness and educate people about these career fields establish a "pipeline" of new talent that eventually adds to the national behavioral health workforce.

To build a sustainable workforce, it is necessary to attract candidates by educating them about the behavioral health field as early as possible. Targeted outreach efforts are needed to support those exploring entry-level careers and those who are completing their degrees and deciding with which populations they want to specialize. This is long-term work that will grow the pool of viable candidates for behavioral healthcare positions around the country.

Objective 1.3. Expand the availability of paraprofessionals and peer support providers.

Peer support providers offer encouragement, practical assistance, guidance, and understanding to support recovery. Peer support providers walk alongside people in recovery, offering individualized supports and demonstrating that recovery is possible. They share their own experience including strategies for self-empowerment and achieving a self-determined life that can complement or, in some cases, replace clinical supports. They support people in recovery in connecting with their own inner strength, motivation, and desire to move forward in life, even when experiencing challenges. Peer support providers and recovery coaches are critical in engaging people into recovery; navigating complex service systems; providing support and hope; and modeling that people can manage or overcome their conditions and live full, healthy lives. Leveraging paraprofessionals and peer support providers can help licensed clinicians to serve a greater number of people. SAMHSA supports the Peer Recovery Center of Excellence to further the peer workforce and released the National Model Standards for Peer Support Certification to expand and improve the quality of the nation's growing peer workforce.

Recognizing their value, SAMHSA will work with stakeholders to educate them on what peer support providers and paraprofessionals are doing across the nation to help address the acute need for behavioral health care. This includes developing a model national peer specialist standard, conducting training and technical assistance to further the peer workforce, and working with federal, state, territorial, tribal, and community partners on issues such as financing, recruitment, and continuing education.

Objective 1.4. Increase the supply and capacity of the behavioral health workforce to provide new, innovative, and evidence-based treatment in community-based primary care settings.

SAMHSA recognizes that the overall supply of the behavioral health workforce does not meet the current demand for behavioral health services.[87] In addition to increasing the overall supply of behavioral health practitioners, there are other ways, such as greater utilization of telehealth, to expand capacity.[94] More behavioral health care can be provided in primary care settings. However, these settings often do not have behavioral health providers embedded in the practice, requiring additional steps to access behavioral health care. Overburdened primary care providers may not have the resources to stay abreast of new, innovative, and evidence-based behavioral health treatments.[95] Recent additional funding has been provided through both SAMHSA and HRSA for primary health providers to offer behavioral health care, but primary health providers will need supports to understand what new, innovative, and evidence-based interventions are most effective and how to access them.

SAMHSA will increase resources for education and training programs that enhance providers' use of recovery-oriented, evidence-based strategies and tailor prevention and clinical interventions to be responsive to communities' linguistic and cultural needs. SAMHSA will maintain and expand its Evidence-Based Practices Resource Center with easily searchable references to make information and tools that incorporate evidence-based practices available to practitioners for use in communities or clinical settings. The agency supports states, territories, tribes, and communities to ensure that credentialed prevention staff can deliver services with a comprehensive understanding of prevention and the latest evidence-based practices addressing substance use prevention. The design of the Targeted Capacity Expansion grant will highlight innovations to provide pathways to and knowledge about certification or licensing for prevention specialists.

Goal 2. To improve the quality of behavioral health care, SAMHSA will promote and support professional development initiatives to improve the competencies of service providers.

A wide variety of professionals and paraprofessionals deliver mental health and SUD prevention, treatment, and recovery services in greatly varied settings. Regardless of the setting, behavioral health care should be delivered using evidence-based and culturally appropriate practices. Working with professional organizations, licensing and credentialing boards, and SAMHSA's Technical Assistance Centers (TACs) and Centers of Excellence, SAMHSA will work to improve behavioral health provider competencies. SAMHSA has seen improvement through our funded programs like the Providers Clinical Support System, which provides both training and clinical mentoring to providers treating SUDs.

Strengthening the Behavioral Health Workforce Goal 2 Example Programs

The **Technology Transfer Centers (TTC) Program** develops and strengthens the specialized behavioral healthcare and primary healthcare workforce that provides prevention, treatment, and recovery support services for SUD and mental illness. The TTC program comprises three networks: the Addiction Technology Transfer Centers, the Mental Health Technology Transfer Centers, and the Prevention Technology Transfer Centers. Each network comprises a National Coordinator Center and 10 Regional Centers.

The **Clinical Support System for Serious Mental Illness** initiative, called Serious Mental Illness (SMI) SMI Adviser, supports the use and implementation of evidence-based screening and treatment for SMI through education and consultation. The technical assistance provider engages and leads more than 30 national mental health organizations that help guide this interprofessional project. SMI Advisor supports real-world clinical practice with education, data, and consultations.

Objective 2.1. Increase the use of equity-oriented and trauma-informed approaches in SAMHSA's training and technical assistance efforts for providers of behavioral health services.

SAMHSA's overall approach to training and technical assistance must be responsive to the communities in which the providers deliver service. With the great diversity in communities and disparities in access for under-served communities, all SAMHSA-funded training and technical assistance must include considerations for equitably increasing access and incorporating trauma-informed approaches, relevant to each setting. Services must be trauma-informed to respond to individual, family, community, and historical trauma that impacts populations. This includes working to prevent trauma, including adverse childhood experiences, and to prevent re-traumatizing those seeking care.

Objective 2.2. Improve training and supports for providers who work with young people with or at risk for behavioral health conditions.

Behavioral health providers for children, youth, and young adults are historically difficult to attract and retain in the health workforce.[94] It is critical that providers are trained to respond to the diverse needs of all youth, spanning developmental ages, demographics, intellectual and developmental abilities, and socio-economic situations.

SAMHSA currently supports the National Training and Technical Assistance Center for Child, Youth, and Family Mental Health (NTTAC). NTTAC provides an array of trainings, technical assistance, and resources to providers, organizations, and agencies from across the system of care. SAMHSA will review how to improve and expand these trainings and supports to get providers needed assistance. In addition, the development of the

SAMHSA-wide TAC will enhance the services and skill levels of providers who work with young people.

Similarly, many of SAMHSA's Centers offer supports for practitioners aiding targeted communities, but they do not necessarily have offerings for children, youth, and young adults in these communities. SAMHSA will review how to create greater synergies and resources across its Centers to support providers who work with young people.

Objective 2.3. Increase awareness and utilization of practitioners' education and training opportunities.

Through its partners, SAMHSA offers a variety of education and training opportunities, but it is unclear whether practitioners sufficiently leverage these resources or even know about them. To ensure opportunities for practitioner self-development, SAMHSA will review the programming and delivery methods to ensure they accommodate providers' busy schedules, address identified shortcomings, and mitigate barriers. SAMHSA will launch a communications campaign to ensure practitioner awareness of available resources.

Objective 2.4. Promote evidence-based professional development to improve behavioral health providers' competencies in line with the National Behavioral Health Quality Framework.

The National Framework for Quality Improvement in Behavioral Health Care is an initiative established by SAMHSA after the passage of the Affordable Care Act to promote the quality of health among Americans and reduce costs of care. Major components of the framework include the patient, population, payor, system, plan, provider, and practitioner. Achieving safe, high-quality, affordable behavioral health care for all Americans will be the product of millions of local actions in local communities—actions taken by doctors and nurses, patients and family members, and systems put in place by health and behavioral care organizations, providers, payors, and care managers to ensure high-quality, effective, and reliable care.

To enhance the utility of the framework, progress in achieving goals and priorities can be assessed in three separate but related domains: (1) among SAMHSA-funded programs and activities; (2) among behavioral health systems (e.g., states and counties) and providers (e.g., networks, managed care vendors); and (3) among the general population or subpopulations reflecting specific demographic and/or clinical characteristics.

Goal 3. To increase the accessibility of behavioral health providers in all communities, SAMHSA will reduce barriers to the continuum of high-quality services.

From the COVID-19 pandemic, we learned that accessing behavioral health providers in a virtual space expands service availability to people without access.[96] Even with virtual service options, people still face barriers to receiving specialized behavioral health treatment, and some policy barriers have the potential to reduce the effectiveness.[96]

SAMHSA seeks to reduce barriers to high-quality services, regardless of how those services are delivered, and seeks to decrease disparities in access to care.

The use of telehealth among behavioral health providers is just one promising strategy that can help increase access to mental health services and SUD treatment by addressing workforce shortages, which are often more pervasive in certain geographic areas. In addition to providing services directly to the individual, the use of telehealth can increase the quality of treatment services. The Extension for Community Healthcare Outcomes project model utilizes videoconferencing to train primary care clinicians to treat chronic illnesses and conditions, such as treatment for individuals with opioid use disorder or children with mild to moderate mental disorders.

Strengthening the Behavioral Health Workforce Goal 3 Example Programs

The **African American Behavioral Health Center of Excellence** is designed to help the field transform behavioral health services for African Americans, making them safer, more effective, more accessible, more inclusive, welcoming and engaging, and more culturally appropriate and responsive. This is achieved through collaboration, training, technical assistance, and a variety of written and recorded resources**.**

The **Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders** guide reviews ways that telehealth modalities can be used to provide treatment for serious mental illness and SUDs among adults, distills the research into recommendations for practice, and provides examples of how these recommendations can be implemented.

Objective 3.1. Increase investments to reduce disparities in access to specialized behavioral health care.

A variety of causes—cost, stigma, lack of transportation, personal mobility, hours of operation, and lack of access to information technology equipment (phone, computer, internet, etc.), among others—can limit access to specialized behavioral health services.[97] The underlying causes of disparities in access can be tied to a lack of infrastructure, lack of personal supports, and other reasons.

Some federal programs already exist to reduce barriers, such as the Federal Communications Commission's (FCC) Rural Digital Opportunity Fund, and other FCC and U.S. Department of Health and Human Services programs to expand telehealth. Partnering with these and other stakeholders to expand access to behavioral health care has the potential to reach historically under-served communities. Additional programs to provide targeted populations with access to computer equipment serve as a model for SAMHSA to explore.

To address these causes and reduce barriers to specialized behavioral health care, SAMHSA will expand the availability and use of grant funds to invest in approvable strategies to mitigate these causes. The agency will also increase partnerships with other federal, state, territorial, tribal, and community philanthropic programs to decrease disparities in access.

Objective 3.2. Increase funding opportunity announcements that allow resources to be used to expand virtual care.

SAMHSA will clarify and expand, where possible, the approvable use of SAMHSA grant and contract dollars to support virtual care, including support for infrastructure (equipment), provider reimbursement, supervision, and evaluation of quality impact.

Objective 3.3. Decrease restrictions on credentialed practitioners working across state lines, particularly for under-served populations.

Individuals have long been able to cross state lines to receive care, but providers have been restricted to practice in the state in which they maintain active licenses.[96] With the advancement of telehealth and other technologies, we learned that telehealth is effective in the delivery of behavioral health treatments and that telehealth can result in greater and more timely access to professional care.[96] Each state's licensure requirements are under the jurisdiction of state government.[91] However, the federal government can facilitate greater reciprocity of acceptance of licensed practitioners across states so that there is greater access to providers. One such mechanism is HRSA's work on interstate medical licensure compacts, which create agreements across state lines to accept professionals who are licensed in other states.

SAMHSA will work with federal and state authorities involved with behavioral health, trade associations representing behavioral health providers, as well as credentialing, certifying, and licensing bodies to establish common scope of practice guidelines for behavioral health professionals and paraprofessionals. This work aims to decrease barriers to moving between states to practice and providing services across state lines as well as support multidisciplinary, interprofessional collaborative care models. Such common scopes of practice can form the basis for cross-state compacts for credentialled professionals and certified paraprofessionals.

Conclusion

The behavioral health needs of the nation are unquestioningly complex. To address them as comprehensively as possible, it is critical to recognize that approaches must be person-centered and account for the great diversity of individuals, families, and communities. There is much work to do to build health systems and approaches that provide high-quality care and services to those who need them the most. As such, whole-person approaches are key because they put people at the center, regardless of setting, and integrate their goals and priorities into individualized plans that are culturally appropriate. As the new Substance Abuse and Mental Health Services Administration (SAMHSA) mission and vision clearly convey, the goal is for everyone to have opportunities to thrive and achieve better health outcomes.

The work before us will be challenging, but ultimately with this Strategic Plan, along with the many efforts of our federal partners and vast networks of stakeholders across a diverse range of disciplines, expertise, and lived experience, success is possible. As we continue in this work and build out new policies, programs, and strategies, it is also essential to acknowledge that the individuals who comprise SAMHSA's workforce are critical to achieving our goals and objectives. As an agency, we are aware that addressing some of our nation's toughest challenges requires a dedicated, diverse, and highly skilled staff, as well as talented and engaged leadership that fosters innovation, collaboration, and culturally appropriate, data-driven solutions.

SAMHSA's mission and vision recognize the role that our policies, programs, and grants play in providing opportunities to promote good mental health and support substance use disorder prevention, treatment, and recovery at all points along the continuum of care and lifespan. In a rapidly changing physical and social landscape, it is more important than ever that evidence-based practices and data-driven decision making inform our work to the greatest degrees possible. As we consider our great responsibility to improve the behavioral health of the nation, we must also keep at the forefront the essential tasks of building a robust and diverse workforce and supporting policies and programs that are equitable, accessible, adaptable, and sustainable.

Acronyms

Term	Definition
ACEs	Adverse Childhood Experiences
AI/AN	American Indian/Alaska Native
CCBHC	Certified Community Behavioral Health Clinic
CDC	Centers for Disease Control and Prevention
CIHS	National Center of Excellence for Integrated Health Solutions
CMHI	Children's Mental Health Initiative
CPSTF	Community Preventive Services Task Force
CSMHS	Comprehensive School Mental Health Systems
DEA	Drug Enforcement Administration
FCC	Federal Communications Commission
FDA	Food and Drug Administration
FEP	First Episode Psychosis
GLS	Garrett Lee Smith Suicide Prevention Program
HBCU-CFE	Historically Black Colleges and Universities Center of Excellence
HHS	U.S. Department of Health and Human Services
HRSA	Health Resources and Services Administration
ISUDCC	Interdepartmental Substance Use Disorders Coordinating Committee
LGB	Lesbian, Gay, and Bisexual
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex
MBC	Measurement-Based Care
MFP	Minority Fellowship Program
MHAT	Mental Health Awareness Training
MHBG	Mental Health Services Block Grant
MOUD	Medication for Opioid Use Disorder
MTSS	Multi-Tiered System of Supports
NSDUH	National Survey on Drug Use and Health
NTTAC	National Training and Technical Assistance Center for Children, Youth, and Family Mental Health
OPS	Overdose Prevention Strategy

Term	Definition
OUD	Opioid Use Disorder
PROJECT AWARE	Advancing Wellness and Resiliency in Education
PROJECT LAUNCH	Linking Actions for Unmet Needs in Children's Health
PTTC	Prevention Technology Transfer Center
SAMHSA	Substance Abuse and Mental Health Services Administration
SDOH	Social Determinants of Health
SED	Serious Emotional Disturbance
SMI	Serious Mental Illness
SPF	Strategic Prevention Framework
SPRC	Suicide Prevention Resource Center
STOP Act	Sober Truth on Preventing Underage Drinking Act
SUD	Substance Use Disorder
SUPTRS	Substance Use Prevention, Treatment, and Recovery Services
TAC	Technical Assistance Center
TBHA	National Tribal Behavioral Health Agenda
TTC	Technology Transfer Centers
VA	Veterans Administration
X-Waiver	DATA 2000 Waiver

Glossary

Term	Definition
Adverse childhood experiences	Preventable, potentially traumatic events that occur in childhood (0–17 years) such as neglect, experiencing or witnessing violence, and having a family member attempt or die by suicide. Also included are aspects of a child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with substance use; mental health problems; or instability due to parental separation or incarceration of a parent, sibling, or other member of the household.
Appropriate	See "Fit."
Behavioral health	The promotion of mental health, resilience, and well-being; the treatment of mental health and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.
Behavioral healthcare setting	Treatment settings include those for specific substance use and mental health conditions, substance use disorder treatment centers, and healthcare centers.
Behavioral health condition	See "Mental health conditions" and "Substance use disorder."
Behavioral health continuum	An integrated system of care with varying levels of service intensity and settings in response to an individual's behavioral health needs.
Behavioral health crises	May follow trajectories that include intense feelings of personal distress (e.g., anxiety, depression, anger, panic, hopelessness), obvious changes in functioning (e.g., neglect of personal hygiene, unusual behavior), or catastrophic life events (e.g., disruptions in personal relationships, support systems, or living arrangements; loss of autonomy or parental rights; victimization or natural disasters).
Behavioral health equity	The right to access high-quality and affordable healthcare services and supports for all populations, including Black, Latino, and Indigenous and Native American persons; Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

Term	Definition
Behavioral health provider	A professional who helps individuals to address mental health and substance use disorders. Professionals include psychologists, psychiatrists, nurses, peers, patient navigators, therapists, substance use disorder treatment and mental health counselors, recovery coaches, case workers, social workers, psychiatric aides and technicians, psychiatrists, and paraprofessionals working in psychiatric rehabilitation and substance use recovery fields, as well as other medical and non-medical professionals who manage and support behavioral health issues.
Burnout	An occupational condition resulting from chronic workplace stress that has not been successfully managed and is typically characterized by three dimensions: sustained feelings of exhaustion, depersonalization, and professional inefficacy.
Crisis care	A range of services for individuals experiencing an acute mental and/or substance use disorder crisis.
Culturally and linguistically appropriate	Services that are respectful of and responsive to the health beliefs, practices, and needs of diverse consumers.
Data and Evidence	A guiding principle. The Substance Abuse and Mental Health Services Administration (SAMHSA)'s commitment to data and evidence includes ensuring timely, high-quality, ongoing, and specific data, which helps public health officials, policymakers, community practitioners, and the public to understand mental health and substance use trends and how they are evolving; informs the development and implementation of targeted evidence-based and evidence-informed interventions; focuses resources where they are needed most; and evaluates the success of response efforts.
Equity	A guiding principle. Behavioral health equity is the right to access high-quality and affordable healthcare services and supports for all populations, including Black, Latino, and Indigenous and Native American persons; Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; veterans and military service members; older adults; LGBTQI+ persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

Term	Definition
Evidence-based and evidence-informed practice(s)	Interventions that are guided by the best research evidence with practice-based expertise, cultural competence, and the values of the persons receiving the services, which promote individual-level or population-level outcomes.
Family	Families can be organized in a wide variety of configurations regardless of social or economic status. Families can include biological parents and their partners, adoptive parents and their partners, foster parents and their partners, grandparents and their partners, siblings and their partners, caregivers, friends, and others as defined by the family.
Fit	How well a program matches, or is appropriate for, the community, organization, stakeholders, and potential participants.
Health disparities	A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.
Health inequities	Differences in health status or in the distribution of health resources among different population groups, arising from the social conditions in which people are born, grow, live, work, and age.
Implementation science	The scientific study of the methods to promote the systematic uptake of clinical research findings and other evidence-based practices into routine practice and hence improve the quality and effectiveness of health care.
Integrated care	The care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health and substance use conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of healthcare utilization.
Lived experience	Personal knowledge gained through direct, first-hand involvement.
Mental health	The state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

Term	Definition
Mental health conditions	Involve changes in thinking, mood, and/or behavior. These disorders can make daily activities difficult and impair a person's ability to work, interact with family, and fulfill other major life functions. Reaching a level that can be formally diagnosed often depends on a reduction in a person's ability to function as a result of the disorder.
Mental illnesses	Conditions involving changes in emotion, thinking, or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work, or family activities.
Natural supports	Personal associations and relationships typically developed in the community that enhance the quality and security of life for people, including, but not limited to, family relationships; friendships reflecting the diversity of the neighborhood and the community; association with fellow students or employees in regular classrooms and workplaces; and associations developed though participation in clubs, organizations, and other civic activities.
Paraprofessional	Individuals in psychiatric rehabilitation and substance use recovery fields including case managers, homeless outreach specialists, or parent aides.
Peer Support	Someone with the lived experience of recovery from a mental health condition, substance use disorder, or both. They provide support to others experiencing similar challenges. They provide non-clinical, strengths-based support and are "experientially credentialed" by their own recovery journey.
Physical healthcare setting	A broad array of services and places where health care occurs, including acute care hospitals, urgent care centers, rehabilitation centers, nursing homes and other long-term care facilities, specialized outpatient services (e.g., hemodialysis, dentistry, podiatry, chemotherapy, endoscopy, and pain management clinics), and outpatient surgery centers.
Practitioner or Provider	Refers to individuals providing services. Any individual (practitioner) or entity (provider) engaged in the delivery of healthcare services and who is legally authorized to do so by the state in which the individual or entity delivers the services.

Term	Definition
Public health approach	A focus on the health, safety, and well-being of entire populations. A unique aspect of the field is that it strives to provide the maximum benefit for the largest number of people. It is defined by multiple steps, including (1) define the problem, (2) identify risk and protective factors, (3) develop and test prevention strategies, and (4) ensure widespread adoption.
Recovery	A guiding principle. A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Four major dimensions of recovery include (1) health: overcoming or managing one's disease(s) or symptoms, and making informed, healthy choices that support physical and emotional well-being; (2) home: having a stable and safe place to live; (3) purpose: conducting meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society; and (4) community: having relationships and social networks that provide support, friendship, love, and hope.
Resilience	An individual's ability to cope with change and adversity. Resilience develops over time and gives an individual the capacity not only to cope with life's challenges but also to be better prepared for the next stressful situation.
Service provider	See "Practitioner or Provider."
Social determinants of health	Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
Stakeholders	Individuals, organizations, or communities that have a direct interest in the process and outcomes of a project, research, or policy endeavor.
Stigma	Discrimination against an identifiable group of people, a place, or a nation. Stigma about people with substance use disorder might include inaccurate or unfounded thoughts like they are dangerous, incapable of managing treatment, or at fault for their condition.
Substance misuse	Use of illegal drugs and the inappropriate use of legal substances, such as alcohol and tobacco.
Substance use	Encompasses all forms and frequencies of using harmful substances.

Term	Definition
Substance use disorder	A health condition characterized by a cluster of cognitive, behavioral, and physiological symptoms that describe an individual's compulsive use of a substance despite significant adverse problems associated with the use.
Suicidal ideation	Refers to thinking about or planning suicide. The thoughts lie on a continuum of severity from a wish to die with no method, plan, intent, or behavior, to active suicidal ideation with a specific plan and intent.
Systems of care	A comprehensive spectrum of effective services and supports for children, youth, and young adults with or at risk for mental health or other challenges and their families that is organized into a coordinated network of care, builds meaningful partnerships with families and youth, and is culturally and linguistically responsive in order to help them to thrive at home, in school, in the community, and throughout life. A system of care incorporates mental health promotion, prevention, early identification, and early intervention in addition to treatment to address the needs of all children, youth, and young adults.
Trauma-informed approaches	A guiding principle. Trauma-informed approaches recognize and intentionally respond to the lasting adverse effects of experiencing traumatic events, defined through six key principles: (1) safety: participants and staff feel physically and psychologically safe; (2) peer support: peer support and mutual self-help as vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their lived experience; (3) trustworthiness and transparency: decisions are conducted with the goal of building and maintaining trust; (4) collaboration and mutuality: importance is placed on partnering and leveling power differences; (5) cultural, historical, and gender issues: culture- and gender-responsive services are offered while moving beyond stereotypes/biases; and (6) empowerment, voice, and choice: organizations foster a belief in the primacy of the people who are served to heal and promote recovery from trauma.
Under-served communities	Population groups that experience greater obstacles to health, based on characteristics such as, but not limited to, race, ethnicity, religion, income, geography, gender identity, sexual orientation, and disability.
Upstream prevention	Like wellness promotion, this is also delivered prior to the onset of a disorder. These prevention interventions are intended to prevent or reduce the risks of developing a behavioral health problem, such as underage alcohol use and prescription drug and illicit drug misuse.
Whole-person care	See "Whole-person health."

Term	Definition
Whole-person health	A person-centered, integrated approach to health care that focuses on health creation and well-being by incorporating patients' goals into their health care.

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SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

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